Programs in Brief

Current Funding Estimates

March 2001

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Introduction: About this Volume

In the eight years since its establishment by an Act of Congress, the Substance Abuse and Mental Health Services Administration (SAMHSA) has earned its reputation as the focal point for improving the quality, availability, and accessability of substance abuse prevention, addiction treatment, and mental health services nationwide. The Agency has acted as a persistent advocate, urging the Nation, its States and its communities to reassess and renew their commitment to and programs for Americans of all ages experiencing or at risk for mental and addictive disorders.

The good news is that SAMHSA's efforts are reaping dividends. Its programs supporting the identification, implementation, and evaluation of evidence-based, high-quality diagnostic, treatment, and prevention service practices, coupled with its efforts to identify and embrace creative new ways of approaching the needs of people experiencing mental and addictive disorders across the age spectrum and in special populations are being adopted and adapted in communities around the country. Thanks in part to SAMHSA program successes, increasing numbers of Americans — from consumers to health care providers, and from health policy makers to those in the media — have come to recognize and act on the knowledge that mental and addictive disorders are as real as other chronic illnesses, that some may be as preventable, and, that others, in many cases, are even more treatable. Concomitant with that knowledge, the stigma of these serious health problems is beginning to dissipate, much as it has for other illnesses, freeing people from the fear of labels that can stand as a barrier to care.

This volume is testament to SAMHSA's ongoing efforts to improve the National, State, and community capacity to respond to people with mental illnesses, to confront substance use disorders, and to work to prevent both. It provides a snapshot of the SAMHSA's portfolio of programs and activities in Fiscal Year 2000. At the same time, it suggests both critical program expansion and new directions for the future.

The programs and activities described in this volume have not been organized by SAMHSA Center, nor by appropriation line item. Rather, we have chosen to display the information across headings reflecting the four precepts that guide the Agency, precepts that reflect our benchmarks under the Government Performance and Results Act (GPRA):

- Assuring Services Availability (by increasing utilization and promoting systems improvement);
- Meeting Unmet and Emerging Needs (by implementing proven strategies and interventions, coupled with increasing utilization);
- Bridging the Gap between Knowledge and Practice (by generating new evidence-based information and facilitating adoption of evidence-based strategies); and
- Strengthening Data Collection to Improve Quality and Enhance Accountability (by ensuring that data are available for the most critical areas of need and that the data are both timely and useful).

If, in partnership with the States, communities, and other Federal agencies and national organizations, SAMHSA is able to achieve these key goals, millions of Americans will reap the harvest in healthier more productive lives, benefitting the health of the Nation as a whole.

Joseph H. Autry, III, M.D.
Acting Administrator

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The Agency

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 1992 under Public Law 102-321 and reauthorized in 2000, under Public Law 106-310. Its goal: to strengthen the capacity of the Nation's health care delivery system to provide prevention, diagnosis, and treatment services for people at risk for or experiencing substance abuse or mental illnesses. SAMHSA builds on Federal-State partnerships with communities and private organizations to address the needs of individuals with substance abuse and mental illnesses as well as to identify and respond to the community risk factors that contribute to these illnesses. In Fiscal Year 2000, SAMHSA's budget was approximately $2.6 billion; the FY 2001 budget is just under $3 billion. The Agency employs nearly 550 staff members.

SAMHSA itself serves as the umbrella under which substance abuse treatment, mental health service and substance abuse prevention-related Centers are housed: the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT). SAMHSA also houses the Office of the Administrator, the Office of Applied Studies, and the Office of Program Services and has Associate SAMHSA Administrators for such areas as minority affairs, managed care, and women's and children's issues.

The Centers

While SAMHSA's Centers are the hub of activity for the statutory mental health and substance abuse block grant programs, their missions extend beyond oversight of these important Federal-State partnerships. Indeed, SAMHSA's Centers are the Federal focal point for knowledge development and application of research-based community-focused mental health and substance abuse services, standing at the intersection of scientific understanding and its practice in real time in the real world.

The **Center for Mental Health Services (CMHS)** and its programs are the legacy of decades of work to create an effective, community-based mental health service infrastructure in the U.S. CMHS's foremost goal is to improve the availability, affordability, and accessibility of high quality community-based services for people with or at-risk for mental illnesses and their families. The U.S. mental health system is a complex connection of many competing components – including, but not limited to specialty and general health, social welfare, criminal and juvenile justice, education, housing, and public and private sector insurance. As a result, care may become fragmented and compartmentalized, creating impediments to access; service financing is similarly compromised. Through its diverse and emerging promotion, treatment, recovery and prevention strategies, CMHS works to make every door of entry the right door to affordable, culturally competent care for people with or at risk for mental illnesses and their families.

While the majority of the Center's annual appropriation supports States through the Community Mental Health Services Block Grant Program, CMHS also funds a broad-based portfolio of grant programs that identify, test, and apply knowledge about best community-based practices to reach people at greatest risk in our communities: adults with serious mental illnesses and children with serious emotional disturbances. Issues of stigma and consumer empowerment are also on the Center's program and policy agenda. The Center also collects and disseminates national data on mental health services, designed to help inform future services policy and program decision-making. CMHS's information clearinghouse can be reached toll-free at 1-800-789-2647 or on the Internet at www.samhsa.gov.

The **Center for Substance Abuse Prevention (CSAP)** serves as the National focal point for efforts to identify and promote effective strategies to prevent substance abuse — whether drugs of abuse, misuse of legal medications, use of tobacco, or excessive or illegal use of alcohol, problems intrinsically linked to other serious national problems such as crime, violence, rising health care costs, academic failure, HIV/AIDS, teen pregnancy, and low work productivity. As the sole Federal agency with this charge, CSAP's goal is to provide all Americans the tools and knowledge they need to help reject substance abuse by strengthening families and communities, and by developing knowledge of what works interventions work best for which people. To that end, CSAP connects people and resources to innovative ideas and strategies, and encourages efforts to reduce an eliminate alcohol, tobacco, and illicit drug problems both in the United States and internationally.

With grantees representing States, communities, and organizations at the national, regional and local levels, CSAP's grant activities support programs that promote the development, application, and dissemination of new knowledge in substance abuse prevention, whether focusing on preschool-age children and youth, or on older Americans. Further, CSAP supports the National Clearinghouse for Alcohol and Drug Information (NCADI), which can be reached toll-free at 1-800-729-6686 or on the Internet at www.health.org.

The **Center for Substance Abuse Treatment (CSAT)** provides national leadership to enhance the quality of substance abuse treatment services and ensure their availability to individuals who need them, including those with co-occurring drug, alcohol, mental, and physical problems. It works to identify, develop and support policies and programs to enhance and expand science-based effective treatment services for individuals who abuse alcohol and other drugs, and that address individuals' addiction-related problems. In collaboration with other Federal agencies, such as the Departments of Justice and Veterans Affairs, CSAT's mission contributes to achieving the Office of National Drug Control Policy goals. Working collaboratively with multiple stakeholders, CSAT has developed a National Treatment Plan, an ongoing effort to delineate and implement a coordinated approach to curb the Nation's substance abuse.

CSAT emphasizes two programs: the Substance Abuse Prevention and Treatment Block Grant and Targeted Capacity Expansion, both designed to ensure that the thousands of Americans with substance abuse problems have access to the best publicly funded treatment services possible, when and where they need them. At the same time, CSAT also undertakes significant knowledge development, education, and communications initiatives that work to bridge the gap between research and service providers in local communities. CSAT also sponsors a toll-free treatment referral line, 1-800-662-HELP.

The Offices

The **Office of Applied Studies (OAS)** serves as a focal point to gather, analyze, and disseminate data on substance abuse practices in the United States. OAS is responsible for the annual *National Household Survey on Drug Abuse*, the *Drug Abuse Warning Network*, and the *Drug and Alcohol Services Information Services System*, among other studies. OAS also coordinates evaluation of the service-delivery models within SAMHSA's knowledge development and application programs. Surveys conducted by OAS are the only source of national data on the extent of substance abuse in the general population and on the characteristics of the treatment system. They also provide critical information for evaluating the success of Federal and State substance abuse programs.

The **Office of Program Services** works in partnership with other SAMHSA components to manage information resources, finances, human resources, grants and contracts, and administrative services.

The **Office of the Administrator (OA)** provides agency-level policy development, program coordination, communications, and public affairs support. The OA includes a number of special-focus Offices that coordinate agency efforts in managed care, women's services, alcohol policy, minority

issues, and HIV/AIDS.

Establishing Program Priorities

The ways in which SAMHSA and its Centers identify topics for new programs, activities, and initiatives vary considerably. Some are home-grown concepts developed by SAMHSA leadership and staff whose fingers are on the pulse of new service needs. Some topics are the product of Congressional mandate. Still others are the outgrowth of Center-sponsored meetings or conferences of experts — including researchers, clinicians and consumers and families — that have highlighted empirically validated models of community interventions that appear ripe for testing. Some areas for proposed activity emanate from the State and local levels; some come from the various SAMHSA and Center National Advisory Councils; and some come from the research community. Finally, some build upon previous Center inquiry, helping to validate in the community setting not just one type of intervention, but systems of care along the broad continuum of need for care, whether for mental illness, addictive disorders, or substance abuse prevention. More information about new SAMHSA grant opportunities can be found on the Agency's web site, www.samhsa.gov.

In Sum

Over the years, SAMHSA programs have translated research to practice — bringing new science-based knowledge to community-based prevention, identification and treatment of mental and addictive disorders. The result can be measured in significant improvements in how the Nation responds to substance abuse and mental illnesses. More important, the results are today being measured in human lives altered for the better.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
General Statement/Overview

(dollars in thousands)

	FY 1999 Actual	FY 2000 Appropriation	FY 2001 Appropriation
Programs of National and Regional Significance*	**$429,605**	**$497,828**	**$635,134**
Mental Health	*96,419*	*136,733*	*203,674*
Substance Abuse Prevention	*162,800*	*146,705*	*175,145*
Substance Abuse Treatment	*170,386*	*214,390*	*256,315*
Children's Mental Health	**77,909**	**82,677**	**91,763**
MH Protection & Advocacy	**22,949**	**24,903**	**30,000**
PATH Homeless Formula	**25,991**	**30,883**	**36,883**
Mental Health Block Grant	**288,816**	**356,000**	**420,000**
Substance Abuse Block Grant	**1,585,000**	**1,600,000**	**1,665,000**
Program Management	**56,517**	**59,049**	**79,221**
Total, SAMHSA	**$2,486,787**	**$2,651,340**	**$2,958,001**

* Programs of National and Regional Significance is a term included in PL 106-310 that includes programs with previously separate line items: Knowledge Development and Application, Targeted Capacity Expansion, and High-risk Youth. Funding under this category supports the programs identified in both the "Meeting Unmet and Emerging Needs" and "Bridging the Gap between Knowledge and Practice" sections of this volume. Note: *This table displays dollars actually expended in FY 1999, and funds appropriated for FY 2000 and for FY 2001*

FY 2001 Special Budget Obligations

The following (in thousands) are congressional program mandates contained in the FY 2001 appropriation conference report.

AMOUNT	TOPIC	SOURCE
CMHS - Related		
$90,000	School-related MH services (to continue collaborations with DoE; and for SS/HS Action Center)	CMHS Prgms of Reg/Nat Signif
$ 3,000	Suicide Prevention Hotlines (evaluation) and Clearinghouse	CMHS Prgms of Reg/Nat Signif
$10,000	Up to 22 grants for best practices in MH services for youth experiencing PTSD in wake of trauma	CMHS Prgms of Reg/Nat Signif
$ 2,000	Training about restraint and seclusion in facilities for children and youth (+ demo)	CMHS Prgms of Reg/Nat Signif
$ 2,000	Minority mental health fellowship	CMHS Prgms of Reg/Nat Signif
$ 7,000	MH issues in HIV/AIDS for minority populations (direct service grants)	CMHS Prgms of Reg/Nat Signif
$1,759	Continue testing Community Assessment/	CMHS Prgms of Reg/Nat Signif
$ 200	Intervention Ctrs for srvcs to at-risk youth in 4 Fla. communities	Program Management
unspecified	Grants for MH screening/referral in non-MH settings; jail diversion for MI offenders	unspecified
$ 83	*Hope Center* (Lexington KY)	unspecified
$ 85	*Steinway Child/Family Services* (Queens NY)	unspecified
$ 100	*American Trauma Society*	unspecified
$ 200	*Concord-Assabet Fam Services*- model transit. living prgm. for troubled youth	unspecified
$ 325	Preschool Anger Mngmt/Fam communication	unspecified
$ 500	*Life Quest CMHC*, (Wasilla Alaska)	unspecified
$ 680	*Pacific Clinics* -school-based MH demo for Latina adolescents (Arcadia, CA)	unspecified
$ 803	*Bert Nash CMHC* (Lawrence, KS)	unspecified
$ 800	*Alaska Fed. of Natives*, homeless with MI	unspecified
$ 850	*Iowa State U Extension* -rural services	unspecified
$ 921	*United Power for Action/Justice*-homelessness in Chicago area	unspecified
$ 921	MI offender crime reduction demo, using continuum of care approach (Ventura CA)	unspecified
$ 850	*U Connecticut* - improve MH serv for under-served, at risk people in public housing	unspecified
$1,007	*U Fla. Nat Rural Behave Hath Ctr*-To train extension agents in crisis and stress mngmt.	unspecified
$1,500	*Ch'eghutsen* program (Interior Alaska)	unspecified
$1,300	*Alaska Fed of Natives*-integrated community Care for children with MI	unspecified

AMOUNT	TOPIC	SOURCE
CSAP- Related		
$11,200	Fetal Alcohol Syndrome Prevention/Services	unidentified
$32,100	Grants to strengthen SA prevention in minority communities disproportionately affected by HIV/AIDS	CSAP Prgms Reg/Nat Signif
$ 440	Continue testing Community Assessment/ Intervention Ctrs for srvcs to at-risk youth in 4 Fla. communities	CSAP Prgms of Reg/Nat Signif
$ 85	*City of Alexandria* (VA) - high risk Latino Youth SA prevention prjct	unidentified
$ 213	*Rock Island County Council on Addiction* (E. Moline, IL) youth SA prevention prgm	unidentified
$ 500	*Univ Missouri*-Drug-free families initiative	unidentified
unidentified	*Community Prevention Partnership/ Family Planning Council of PA* - cont'd funds, pregnant/postpartum SA prev. prgm.	unidentified
OAS-Related		
$12,000	To support National Household Survey	Program Management
CSAT-Related		
$10,000	Expanded SA services for homeless people	CSAT Prgms of Reg/Nat Signif
$53,000	Expand services to minority SA prgms serving communities of color severely affected by HIV/AIDS	CSAT Prgms of Reg/Nat Signif
$ 879	Continue testing Community Assessment/ Intervention Ctrs for srvcs to at-risk youth in 4 Fla. communities	CSAT Prgms of Reg/Nat Signif
unspecified	*Sunshine Shelter* (Natchez, MS) for added outreach for women with SA and dependents	unspecified
$ 100	*VT Dept Hath, Alcohol/Drug Prev Office* for adolesc. residential trtmnt prgms.	unspecified
$ 106	*Center Point, Inc.* (Marin, CA) to continue SA work for at-risk populations	unspecified
$ 200	*Green Door* (Washington, DC) - for services for minorities with co-occurring SA and MI	unspecified
$ 250	*Allegheny County Drug/Alcohol Rehab Prgm.*	unspecified
$ 500	*Cook Inlet Council on Alcohol/DA Treatment*	unspecified
$ 500	*House of Mercy* (Des Moines, IA) trtmnt for pregnant/post-partum women	unspecified
$ 500	*State of WY*- new SA trtmnt/prevention prgm	unspecified
$ 425	Residential SA services for women w/ children (Humboldt, CA)	unspecified

AMOUNT	TOPIC	SOURCE
$ 608	*Hope Center*, Lexington, KY	unspecified
$ 645	*Grove Counseling Center* (Winter Springs, FL) - youth SA treatment	unspecified
$ 750	*Fairbanks LifeGivers Pregnant/Parenting Teens Program* (Fairbanks, Alaska)	unspecified
$ 900	*Alaska Fed of Natives* -identify best practices	unspecified
$1,105	*City of San Francisco* (CA) for treatment on demand program for homeless people w/SA	unspecified
$2,210	*Baltimore City Hath Dpt* (MD)-trtmnt services	unspecified
$3,800	Continue FAS Project in Alaska	unspecified

Assure Service Availability

The role SAMHSA plays in enhancing and expanding the capacity of the States to provide high-quality mental health services and substance abuse treatment and preventive interventions that are tailored to individual State and community needs cannot be underestimated. The State Block Grants and other formula grant programs under SAMHSA's umbrella are far more than a pass-through of dollars. Because of the partnership between SAMHSA and the States forged as a product of these formula grant programs, States increasingly are adapting and incorporating into their programs state-of-the-art, evidence-based "best practices" in the prevention and treatment of mental illnesses and substance abuse disorders. Those same partnerships help leverage limited Federal and State resources to their utmost to expand the availability, affordability, and accessibility of comprehensive mental health and substance abuse services to all Americans in need. Critically, 5 percent of each of the block grants supports data collection, technical assistance and evaluation, pursuant to a Congressionally mandated set-aside.

Community Mental Health Services Block Grant (CMHS)

Background

The Community Mental Health Services Block Grant supports comprehensive, community-based care for adults with serious mental illnesses (SMI) and children with serious emotional disorders (SED). Under the 1981 Act establishing the block grant, program authority for its disbursement was vested in the individual States, providing them a relatively flexible funding source. Since then, the Community Mental Health Services Block Grant program has become the cornerstone of the Federal partnership with States to plan and deliver state-of-the-art, community-based mental health services for adults with SMI and children with SED where they live. Through its oversight of the Block Grant program, CMHS serves as the steward of and catalyst for activities by States to make services to the most vulnerable populations with mental illnesses affordable, accessible, available, and of the highest quality.

Goals and Objectives

The formula grant program is designed with the goal of supporting and enhancing State capacity to provide community-based mental health care to adults with serious mental illnesses and children with serious emotional disorders through outreach, mental and other health care services, individualized supports, rehabilitation, employment, housing, and education.

Program Activity

CMHS awards grants to States and Territories based on a legislated formula to develop or expand community-based systems of care for adults with serious mental illnesses and children with serious emotional disturbances. With input from their State Planning Councils, the States and Territories are required to develop and submit annual plans that articulate specific goals, objectives, and performance indicators. Plans must meet certain statutory requirements before being approved for funding. States also are required to submit annual reports summarizing the extent to which they have implemented the plan covered by the report year. CMHS's monitoring process identifies the strengths, challenges, and opportunities for improvement of community mental health service systems in at least 10 states each year.

CMHS uses the mandatory five percent set-aside funds for technical assistance, data collection, and program evaluation activities, all designed to improve the effectiveness and efficacy of community mental health services. A 16-State pilot of 32 performance indicators is enabling CMHS to gather uniform State mental health data, including hospital utilization, readmissions, use of community service programs, and important consumer survey information.

FY 2000 Funding	$356,000,000
FY 2001 Estimate	$420,000,000

Mental Health State Reform Grants (CMHS)

Background

Through five percent set-aside funds from the Community Mental Health Services Block Grant, CMHS supports a broad range of national data collection and technical assistance activities on mental health issues of local and national importance. Significant portions of the set-aside funding support activities of shared interest to CMHS and the States under the Mental Health State Reform Grant Program, one of several initiatives supported by the Block Grant set aside. Under this activity, working as partners, CMHS and State Mental Health Agencies are creating and implementing programs designed to:

- Improve the effectiveness and cost efficiency of mental health service delivery;
- Evaluate the quality and efficiency of State and local service programs;
- Respond to changes in the financing and delivery of mental health services; and
- Increase involvement of consumers and family members in all aspects of services.

Goals and Objectives

The Mental Health State Reform Grant program facilitates the integration, analysis, synthesis, and use of information for State mental health planning efforts. It assists State mental health care reform efforts by ensuring that appropriate information is available to State Mental Health Agencies to inform key planning and decision making. State Mental Health Authorities are encouraged to use the MHSIP Consumer-oriented Mental Health Report Card to address State data collection for performance monitoring.

Program Activity

Working with the State Mental Health Authorities both within the context of the Reform Grant program and in other information-driven activities, CMHS has developed a consensus-based information framework for mental health that incorporates population data as well as services, outcome, and performance indicator information. Also, person-based/focused systems as well as facility-based information systems are supported. The State Reform Grant program supports development and feasibility testing of a consumer-oriented report card for behavioral health care planning and decision making in States.

FY 2000 Funding $493,660 continuations only
FY 2001 Estimate continuations only - no new program dollars

Protection and Advocacy for People with Mental Illness (CMHS)

Background

The Protection and Advocacy Program for Individuals with Mental Illness Act (PAIMI) was enacted specifically to help better protect the rights of people residing in or recently discharged from residential mental health facilities. To that end, it authorized creation of organizations independent of the State mental health systems in each State, Territory and the District of Columbia to investigate allegations of abuse or neglect in or following recent discharge from residential mental health facilities. The organizations — Protection and Advocacy programs (P&As) — are supported through a formula grant program; funds are allocated to each jurisdiction based upon a congressionally mandated formula.

Goals and Objectives

People with serious mental illnesses -- particularly those residing in residential facilities and those recently discharged from them -- are among the most vulnerable to abuse and neglect. The goal of PAIMI is to provide people with serious mental illnesses the safeguards of a protection and advocacy system that can respond to allegations of abuse in an impartial and responsive manner. The PAIMI helps reduce the incidence of abuse and neglect by its very presence.

Program Activity

In FY 1999, P&A programs responded to more than 26,000 cases of abuse, neglect, and civil rights violations. The figure rose by approximately 3,000 in FY 2000. In FY 1999, 24 state P&A systems received over 1,000 reports of residential facility deaths, as required by state legislation, regulation, or agreements with a state agency; 408 of these deaths were investigated. By combining technical assistance, administrative remedies, negotiation and mediation, the majority of these complaints were resolved. Only 3 percent of all complaints filed in that year required legal intervention. In addition, State P&A programs conduct education and training sessions for mental health administrators, legislators, P&A staff, other community organizations, and consumers and their families. In FY 99, the P&A program was able to achieve or show substantial progress toward 83 percent of its goals and priorities – exceeding the 70 percent target for the same year.

FY 2000 Funding $24,903,000
FY 2001 Estimate $30,000,000

Projects for Assistance in Transition from Homelessness (CMHS)

Background

At any point in time, approximately one-third of homeless individuals also have serious mental illnesses (SMI). Established in 1991 as a formula grant program, the Projects for Assistance in Transition from Homelessness (PATH) program distributes Federal funds to each State, the District of Columbia, and certain US territories to support a broad array of individualized services to this vulnerable population.

Goals and Objectives

The goal of the Projects for Assistance in Transition from Homelessness (PATH) program is to provide community support services to individuals with SMI (including those with co-occurring mental and substance abuse disorders) who also are homeless or at risk of homelessness.

Program Activity

The statute specifies the range of services that may be supported by States under the program: outreach; screening and diagnostic services; habilitation and rehabilitation; community mental health services; alcohol or drug treatment (for those with co-occurring disorders); staff training; case management; supportive and supervisory services in residential settings; and referrals for primary health care, job training, and education. Some housing services may be provided as well. States have considerable flexibility in designing programs to meet the specific needs of the State's homeless people with serious mental illness; they are required to match funds with one dollar for every three dollars received in Federal funds. In recent years, State and local support has been more than double the sums required by the match. The program increased its contacts from a 1996 baseline of 105,00 persons to a 1998 total of 115,000, exceeding the target by more than 7,000 homeless people with mental illness who were reached.

The PATH program works in synergy with the CMHS Knowledge Development and Application (KDA) discretionary grant programs that have a focus, in general, on people with SMI, and, in particular, on those who are also homeless. PATH-funded programs serve both as sources and recipients of knowledge concerning exemplary practices in the delivery of mental health services for homeless persons.

FY 2000 Funding $30,883,000
FY 2001 Estimate $36,883,000

State Substance Abuse Treatment Needs Assessment Program (CSAT)

Background

Between FY 1993 and FY 1997, the State Treatment Needs Assessment Program (STNAP) let contracts to the States and territories to measure the prevalence of substance abuse in their respective States and territories by conducting a family of population studies. Some States now are using data generated from STNAP to analyze treatment need, demand, and the appropriateness of available treatment as part of services planning. In some States, STNAP findings are guiding State efforts to introduce and monitor managed care activities. Based on the recommendation of State and academic needs assessment experts, CSAT has determined that future data collection activities will be focused around core protocols, now under development by CSAT in collaboration with the States. The core protocols will increase data collection standardization and will allow some data aggregation by CSAT.

At the same time, the planned expansion of SAMHSA's National Household Survey (NHS) to provide State-level prevalence estimates, has provided CSAT the opportunity to collaborate with the Office of National Drug Control Strategy (ONDCP) and SAMHSA's Office of Applied Studies (OAS) to have States adopt the N.S. survey instrument for use in the conduct of their treatment needs assessments.

Goals and Objectives

This program provides States the resources needed to develop estimates of need for substance abuse services and to report these data to SAMHSA in the Substance Abuse Prevention and Treatment Block Grant. It also encourages States to develop and maintain the infrastructure to utilize existing data and to manage data collections and analyses to supplement their existing data sources, as needed. When completely set in place,, the program will enable CSAT to work with States to develop core protocols for the types of needs assessment studies commonly done by the States and to pull data together across States for comparative purposes.

Program Activity

The State Treatment Needs Assessment Program (STNAP) Phase I provided contracts to 53 States and territories between FY 1993 and FY 1997 to household adult, household adolescent, and arrestee surveys designed to measure prevalence of substance abuse at the State level. STNAP Phase II began in FY 1997; 27 States received contracts. Phase II has been enabling some States to obtain trend data by repeating earlier studies and to carry out more sophisticated treatment gap analyses. In FY 1999, approximately three million dollars were awarded to six additional States to conduct Phase II activities. As noted above, CSAT anticipates that the NHS instruments will replace this program's household and school-based surveys.

FY 2000 Funding $2,918,982 (Part of Substance Abuse Block Grant five percent set-aside)
FY 2001 Estimate $3,000,000 (Part of Substance Abuse Block Grant five percent set-aside)

Substance Abuse Prevention and Treatment Block Grant (CSAP/CSAT)

Background

The Substance Abuse Prevention and Treatment Block Grant, the cornerstone of the States' substance-related programs, accounts for approximately 40 percent of public funds expended on substance prevention activities and treatment services. This grant program — with funds disbursed to the States, Territories, and the District of Columbia based on a congressionally mandated formula — is administered by SAMHSA's Center for Substance Abuse Prevention (CSAP) and its Center for Substance Abuse Treatment (CSAT). While the program enables States to provide substance abuse treatment and prevention services through a variety of means, both statute and regulations place special emphasis on provision of treatment and primary prevention services to both injecting drug users, and to substance abusing women who are pregnant or with dependent children.

Goals and Objectives

The Substance Abuse Prevention and Treatment (SAPT) Block Grant program goal is to support substance abuse prevention and treatment programs at the State and local levels. While the SAPT Block Grant provides Federal support to addiction prevention and treatment services nationally, it empowers States to design solutions to specific addiction problems that are experienced locally.

Program Activity

Beginning October 1, 2000, under SAMHSA's reauthorizing statute, PL 106-310, States and territories have greater flexibility than under the previous law in how they obligate and spend their block grant funds. However, funds specifically are designed to support treatment and prevention services for people at risk of or abusing alcohol and other drugs. States also are required to implement the Synar youth anti-tobacco statute under this program. This formula-driven grant represents around 40 percent of all public funds expended by States for treatment and prevention services.

States and territories annually submit a report and plan to the Federal Government describing how they expended block grant funds made available during a previous fiscal year and how they intend to obligate block grant funds being made available in the current fiscal year. States and territories design their services delivery systems to address specific local substance abuse problems. Targeted technical assistance is made available to the States and territories through the State Systems Development Program and the Technical Assistance to the States Program. Performance outcome measures, designed to assess the effectiveness of prevention and treatment activities, have been reported on a voluntary basis since the start of FY 2000. Eighty percent of states included such assessment data in their block-grant applications in FY 2000. In addition, 43 States/territories use these data to allocate funding to treatment service providers; 39 use it to plan services; 34 use it for public education; 32, for legislative initiatives.

Block Grant set-aside funding supports the development of outcome measures to assist the States in monitoring and evaluating treatment and prevention services funded by the Block Grant.

FY 2000 Funding $1,600,000,000
FY 2001 Estimate $1,665,000,000

Synar Regulation:
Reducing Youth Access to Tobacco (CSAP)

Background

This Departmental comprehensive effort to help reduce youth tobacco use focuses on access to and, availability and appeal of tobacco to youth. The Synar Regulation, implemented and monitored by SAMHSA's Center for Substance Abuse Prevention, addresses these issues by making the sale of tobacco to minors illegal at the State level.

Goals and Objectives

The goal – to reduce, then eliminate youth tobacco use by curtailing access and availability – is accomplished through enactment of state laws governing tobacco sales to minors coupled with compliance monitoring. CSAP oversees and regulates implementation of the statute to help States achieve a maximum sales-to-minors rate of no greater than 20 percent by Fiscal Year 2003.

Program Activity

The SAMHSA regulation requires States and jurisdictions to:

- Enact a law prohibiting any manufacturer, retailer, or distributer of tobacco products from selling or distributing them to anyone under the age of 18;
- Enforce that law in a way that can reasonably be expected to reduce the extent to which tobacco products are available to those under the age of 18;
- Conduct random, unannounced, annual inspections — including a representative sample of outlets accessible to youth — to ensure compliance with the law;
- Develop a strategy and negotiate a time frame to achieve an inspection failure rate of less than 20 percent of outlets accessible to youth; and
- Submit a detailed annual report describing State enforcement activities.

Failure to comply may result in a 40 percent reduction in a State's Substance Abuse Prevention and Treatment Block Grant award. The HHS Secretary may find that extraordinary circumstances have caused a state to be unable to comply with the regulatory requirements. In such cases, other factors (e.g., scientific survey) may be considered to assess if significant progress is being made to reduce tobacco use by minors. CSAP helps States strengthen current programs by providing relevant sampling methodologies for States to conduct their assessments, and by helping States identify additional interventions to help reduce retail sales to minors.

The number of States with violations at or below 20 percent has increased dramatically from a baseline of 4 states in FY 1997 to 21 States in FY 1999 and 25 States in FY 2000. Assistance with State program implementation has held steady at 100 percent.

FY 2000 Funding $40,000,000*
FY 2001 Estimate: $36,000,000*

* includes portion of CSAP programs and block grant for prevention activities, Household Survey tobacco module, and state monitoring of youth access to tobacco products.

Technical Assistance to the States Project (CSAP)

Background

The Center for Substance Abuse Prevention (CSAP) provides a comprehensive, integrated approach to implementing substance abuse prevention services delivered by States through its Technical Assistance to the States (CTAS) Project. The Project works directly with CSAP and the States to expand and improve prevention services and systems. It supports CSAP in reviewing and approving the State Prevention Plans, providing policy and program guidance for the use and reporting of the Block Grant prevention funds, and monitoring State prevention activities, programs, needs, and compliance with Synar and SAPT Block Grant regulations.

Goals and Objectives

The mission of the CTAS project is to support states in the delivery of substance abuse prevention and control services.

Program Activities

To achieve its goals, the program provides–

- Expert technical assistance services to assist States in comprehensive prevention systems development and to address problem areas identified either during site visits or through direct requests from CSAP and/or the State Agency directors;

- Guidance documents and products to facilitate development of State prevention systems. Documents serve as resource guides to assist State prevention systems in using needs assessment findings and information on research-based prevention practices for planning and implementing effective prevention strategies to enhance State prevention infrastructures;

- Support to CSAP State Project Officers for conducting site visits to the States to monitor compliance with the requirements of the prevention set-aside and Synar regulations of the SAPT Block Grant and to collect information on State prevention infrastructure and systems, prevention management information systems, needs assessment activities, prevention planning, and use of research-based practices for planning prevention activities;

- State profiling system to document State prevention data elements and to integrate all existing prevention database elements into a comprehensive system; and

- Expert technical assistance to CSAP on current findings and trends in the field to support utilization of current information in strengthening State prevention system development.

FY 2000 Funding $10,000,000
FY 2001 Estimate $10,000,000

Meeting Unmet and Emerging Needs

The services and systems challenges posed by mental illnesses and substance abuse treatment and prevention are both broad in scope and dynamic in character. The effort to meet those challenges requires vision, responsiveness, and resources. If SAMHSA is to help the Nation effectively address its mental health and substance abuse service needs, it must cultivate systems at the National, State, and local levels that are responsive not only to current trends in mental health services, addiction treatment, and substance abuse prevention, but also to emerging issues and needs. To that end, SAMHSA administers programs designed to expand service capacity in key targeted treatment and prevention areas, and to identify and address emerging factors that inevitably will have a direct impact on the shape and character of future mental health and substance abuse service delivery systems. Congressional appropriations for these programs are included under individual line items to each SAMHSA Center to support Programs of Regional and National Significance.

Centers for the Application of Prevention Technologies (CSAP)

Background

Today's research-based knowledge and experience about substance abuse prevention at the Federal, State, and local levels provide clear evidence that prevention works. Despite this knowledge, evidence-based substance abuse prevention practices have not been instituted widely in States and communities across America. Transfer of proven research to daily application, then, is of critical importance. It first requires packaging knowledge into practical, user-friendly, culturally appropriate and sensitive formats and then, facilitating its adoption in the field.

Goals and Objectives

The Centers for Application of Prevention Technologies (CAPTs) serve as a bridge between knowledge and community-based practice in substance abuse prevention by:

- Promoting adoption of best practices to meet State capacity needs, working in collaboration with State Incentive Grantees (SIGs), their sub-recipients, and other States to apply science-based substance abuse prevention knowledge and technology at the local level;

- Providing skill development and capacity-building to help States and communities better assess prevention materials; address cultural competence issues; conduct evaluations; identify best practices; undertake organizational development; better understand prevention fundamentals, including how prevention works best in different settings, and risk and protective factors; and utilize new technology to deliver prevention messages; and

- Identifying the most effective delivery methods for communities to attain the skills and capacity to adopt and sustain the use of research-based prevention programs, practices, and policies that produce the greatest systems change.

Program Activity

Five regional CAPTs are in operation. Each, with a grant of approximately $1.6 million in FY 2001 alone, works to – (1) increase transfer and application of substance abuse prevention knowledge; (2) increase development of organizational skills and expertise through conventional and electronic means; (3) implement proactive strategies for engaging State Incentive Grant programs (SIGs), SIG sub-recipients, and other States, and encouraging them to adopt new approaches; (4) develop useful, online, interactive programs containing new substance abuse prevention information and technologies; and 5) customize existing products and approaches to meet local needs. In FY 2000, the CAPTs provided over 3,713 hours of technical assistance and over 5,500 hours introducing new prevention technologies. In all, CAPT has provided technical assistance and support to all 50 States and the US Territories; delivered regional training and technical support to the Office of National Drug Control Policy, Office of Juvenile Justice and Delinquency Prevention, and the Drug-Free Communities 200 grantees; provided States with prevention technology through publications, training and other activities; and pilot tested CSAP's Decision Support System for Substance Abuse Prevention Science.

FY 2000 Funding	$7,500,000
FY 2001 Estimate	$8,100,000

CMHS/FEMA Crisis Counseling Assistance and Training (CMHS)

Background

For over a quarter of a century, the mental health needs of disaster survivors have been addressed through a combination of Federal and State programs. Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (PL 100-707) authorized the President to provide training and services to help alleviate mental health problems caused or aggravated by major disasters. As a result, in partnership with the Federal Emergency Management Agency (FEMA), the US Department of Health and Human Services responds to the health-related portions of the Federal Disaster Response Plan. The Center for Mental Health Services (CMHS) is charged with the task of assisting States and communities in disaster planning efforts and in providing mental health services to victims of disasters.

Goals and Objectives

The fundamental goal of the Crisis Counseling Program is to help individuals affected by a disaster return to their pre-disaster level of emotional health. Through local outreach and crisis counseling services, made possible through Federal support, the program helps people affected by disasters recover from the stress, shock, fear, and other emotional responses to traumatic and devastating events. Two types of grants – the Immediate Services Grant and Regular Services Grant – are available to States. Services through the Crisis Counseling Program include outreach, individual and group counseling, public education, and information and referral. Services are available to all disaster victims, with particular emphasis on outreach to children, older adults, minority groups, low-income populations, and other special populations identified through local needs assessment.

Program Activity

While Federal support for crisis counseling services has been available since passage of the Stafford Act in 1974, the Crisis Counseling and Training Program has grown and changed significantly in the last decade. Prior to Hurricane Andrew, the program was used sporadically. In the last decade, the program has become a common element of disaster response. Over the past seven years, 37 states and territories have received CMHS/FEMA funds to implement crisis counseling services. In FY 2000 alone, over half a dozen different States implemented Crisis Counseling Programs, responding to major disasters.

FY 2000 Funding $1,502,513
FY 2001 Estimate TBD (Based on number of Federally declared disasters)

Comprehensive Community Mental Health Services for Children and their Families Program (CMHS)

Background

At least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem. Disorders that begin in childhood can affect future educational success; adolescent mental disorders influence the likelihood of risk-taking behaviors. Nine to 13 percent of youth, ages 9 to 17 years (3.5 to 4 million youth), experience serious emotional disturbances (SED) that interfere substantially with school, family, community activities, and other aspects of daily life. Between 2.1 to 2.8 million of these youth experience extreme limitations. Furthermore, 20 percent of students with SED are arrested at least once before leaving school; nearly half are arrested within five years of leaving school. The Comprehensive Community Mental Health Services for Children and their Families Program was implemented in 1993 to respond to the broad range of disparate service needs for children with SED and their families.

Goals and Objectives

The goal of the Comprehensive Community Mental Health Services for Children and their Families Program is to reduce impairment, improve short- and long-term mental health, and enhance both educational and social functioning of youth with serious emotional disturbances, thereby improving the opportunity for productive, active adulthood.

Program Activity

Since 1993, grants under this program, spanning 44 separate States, have served more than 40,000 children. Today, over 67 sites are implementing and evaluating the effect of community-specific systems of care on the lives of local children and adolescents with serious emotional disturbances and their families. The Program, which requires communities to match Federal dollars over a six-year award, expands community service capacity for a culturally competent, community-based, coordinated cross-agency approach to serving children and adolescents with serious emotional disturbances and their families. Individualized case planning, coordination, and other program elements enable communities to integrate child and family-serving agencies (e.g., health, mental health, substance abuse treatment, child welfare, education, health, and juvenile justice) into a community-based system of care. This ensures a role for families that includes engagement in the development and implementation of local mental health services and supports for their children.

Inpatient treatment days for children in the program decreased 44 percent in FY 1998 and have held steady. Regular school attendance rose from 70 percent in FY 1997 to 82 percent in FY 2000. Referrals from juvenile justice and cross-agency treatment planning increased so much that targets were revised upward.

FY 2000 Funding $82,763,000
FY 2001 Estimate $91,763,000

Conference Grants (CMHS, CSAT, CSAP)

Background

As an organization charged with providing leadership to improve the Nation's mental health and substance abuse services, SAMHSA and its three Centers initiated Knowledge Development and Application (KDA) Programs to develop new knowledge in emerging areas and to move that knowledge into real-world practice and service programs as expeditiously and efficiently as possible. New knowledge is a product not only of scientific research, but also of the experiences of providers in States, localities, and the private sector, as well as of professional and academic organizations, and consumers and their families. SAMHSA considers the research process incomplete until its successful innovations become evidence-based practices. For this reason, SAMHSA and its Centers continue to seek to enhance the application of knowledge from all sources.

Goals and Objectives

Conference grants represent one important way in which SAMHSA facilitates the transfer of new knowledge into community-based practice in both mental health and substance abuse services. Conferences supported under this program provide an otherwise unavailable mechanism to encourage knowledge transmission and public and mental health services personnel education to new research-driven, proven community-based methods of service provision for people with mental illnesses.

Program Activity

The program encourages applications for conferences of national or regional significance that are related to mental illness and substance abuse prevention, early intervention, and treatment innovations, including conferences to disseminate information to the services communities and to the general public, and to develop strategies for improving substance abuse and mental health services. Intended audiences are principally those constituencies that share SAMHSA's interest in community consensus building, leadership, knowledge synthesis and dissemination, advocacy, and other activities to improve substance abuse and mental health services. Grants made may not exceed the lesser of $50,000 or 75 percent of direct program costs.

FY 2000 Funding	$ 950,000
FY 2001 Estimate	$1,000,000

Dissemination Initiative (CSAP)

Background

CSAP's mission is to decrease substance use and abuse, and related problems among the American people. One of the primary ways in which CSAP accomplishes this mission is by disseminating comprehensive prevention strategies, programs, policies, and systems. CSAP laid the foundation of this effort in 1994 with the "Findings Bank," a system that catalogues and assesses results of the High- Risk Youth grant program. Since then, seven model programs have been identified through the Findings Bank and have agreed to be part of CSAP's dissemination effort. Each model has rigorous scientific underpinnings and has produced positive findings.

With the 2000 launch of CSAP's National Registry of Effective Prevention Programs (NREPP), an assessment system open to *all* publicly and privately funded prevention programs, many more model programs are likely to be identified.

Goals and Objectives

The goal is to significantly increase the market share of model substance abuse prevention programs in communities nationwide. Objectives include –

- Increasing awareness of CSAP model programs
- Increasing the number of program adopters receiving training and technical assistance on program implementation
- Increasing the number of sites implementing model programs
- Increasing the number and commitment of national organizations engaged in promoting model programs among their constituents.

Program Activity

A range of dissemination materials are being created and disseminated under this initiative: (1) a prevention monograph for a scientific audience; (2) an Internet site focused on effective models; (3) a program promotion kit for community audiences providing brief information about model substance abuse prevention programs; and (4) a document identifying potential funding sources for substance abuse prevention model programs. CSAP currently markets the model programs actively through targeted mailings, a toll-free telephone line and Internet site, presentations at national/regional conferences, and outreach to establish partnerships with national organizations.

FY 2000 Funding	$ 917,000
FY 2001 Estimate	$1,000,000

Drug-Free Federal Workplace (CSAP)

Background

The Nation's workplace is not immune to the threat of drug and alcohol abuse. Today, over 8.3 million Americans — almost 73 percent of all current drug users ages 18-49 — are employed full- or part-time. About 6.5 percent of full-time workers use illicit drugs; about seven percent are heavy drinkers. About 50 percent of high school seniors are in the workforce and those working more than 20 hours per week are at high risk for substance abuse and injury. The need to address substance abuse in the workplace is all the more important at the national level since places of employment have become critical components of welfare-to-work initiatives, of community redevelopment activities, and of corrections system reintegration programs.

Goal & Objective

Substance abuse prevention in the workplace is the first point on the continuum of interventions that also include early identification, referral and treatment, aftercare follow-up, and reintegration into the workforce, family and community. The goals of the Drug Free Federal Workplace program are —

- To eradicate drug use in the Federal workplace by promoting clear no use policies, using state-of-the-art testing technologies, educating employees on consequences of drug use, providing access to employee assistance programs, and training supervisors about their responsibilities and ways to help regarding employee drug use; and

- To provide national leadership on workplace drug use issues.

Program Activities

In effect for over 13 years, PL 100-71 and Executive Order 12564: Drug-Free Federal Workplace, established model comprehensive drug-free workplace programs as part of a Presidential drug demand reduction initiative focused on prevention, early identification and intervention. The Program's five operational elements include a clear no use policy; employee education; supervisor training; access to employee assistance programs (EAPs) and treatment referral; and accurate, reliable drug testing. The program has been implemented in 120 Federal executive branch agencies, with 1.7 million civilian employees. It also has been adopted in the legislative and judicial branches of the Federal government. The Mandatory Guidelines for Federal Workplace Drug-Testing Programs have been adopted by both the Department of Transportation and the Nuclear Regulatory Commission for their regulated industries. As the Nation's largest employer, the Federal government continues to provide leadership by example: Federal job applicants and employees experienced a positive drug use rate that is one-tenth of the national average — 0.5 percent, compared to five percent for other workplaces nationally.

FY 2000 Funding	$5,000,000 (Funds from Department of Labor; administered by CSAP)
FY 2001 Estimate	$5,000,000 (Funds from Department of Labor; administered by CSAP)

Managed Behavioral Health Care (SAMHSA-wide)

Background

Five years ago, SAMHSA initiated its managed care efforts to track directions in managed behavioral health care; to help public purchasers, mental health and substance abuse service providers, and consumers prepare for and understand managed care; and to develop and share tools to help navigate through managed care.

The rapid expansion of managed care in the 1990s and into the 21st century continues to transform the ways in which mental health and substance abuse services are funded, organized, and provided. To date, most States and nearly all middle and large employer include managed care approaches to health care coverage. New directions in the field include identifying the best techniques and capacities of managed care to help increase access to effective and affordable health care services and to improve the quality of care provided by organized systems.

The SAMHSA Office of Managed Care (OMC) directs several specific managed care projects and coordinates the major managed care activities of the Agency. However, OMC projects include not only SAMHSA-level managed care activities, but also programs in each of the three Centers – CMHS, CSAT, and CSAP – functioning, and coordinated where appropriate, under the direction of their own separate managed care offices. The three pages that follow delineate the activities of each Center's activities in managed behavioral health care.

Goals and Objectives

The SAMHSA-wide managed care initiative has four overarching goals:

- To increase access to needed mental health and substance abuse treatment and prevention services through improved benefits and reduced financial barriers;
- To provide accountability measures of access, appropriateness and outcomes of care;
- To develop standards of exemplary practice associated with access, appropriateness, and outcomes of mental health and substance abuse services; and
- To assist purchasers, providers, and organized health care systems to implement those exemplary practices to improve access, appropriateness, and outcomes for persons with mental illnesses and substance abuse disorders.

Program Activity

SAMHSA's Office of Managed Care conducts studies of proposed model service delivery systems and their effects on access, quality, costs, and clinical outcomes of care. It provides information and assistance to local and State public officials, policy makers, service providers and consumers and their families in the following areas:(a) surveillance and service system data; (b) quality improvement and measurement; (c) procurement and contracting; and (d) evaluation and policy studies. The number of SASMHSA publications to guide work with managed care systems reached 400 percent of the FY 2000 target. Customer satisfaction reached the target of 80 percent. Nearly twice the anticipated number of States used SAMHSA's managed care guidelines.

FY 2000 Funding $2,015,000 (Jointly funded by CMHS, CSAP, CSAT, OAS)
FY 2001 Estimate $2,280,000 (Jointly funded by CMHS, CSAP, CSAT, OAS)

Managed Behavioral Health Care (CMHS)
Office of Organization and Financing

Background

The CMHS Office of Managed Care (OMC) is now known as the Office of the Associate Director for Organization and Financing (ADOF). It handles projects and activities to collect and analyze data, estimate costs, assess policies, and provide technical assistance related to the delivery of mental health services for people with or at-risk for mental illness, particularly the most serious mental illnesses in both adults and children/youth.

Goals and Objectives

The goal of the CMHS ADOF is to provide information for making informed policy assessments and decisions in the field of mental health services organization and financing, through the conduct of evaluation and policy studies, surveillance and service system data collection and assessment, technical assistance, and knowledge development.

Program Activity

The CMHS ADOF conducts and disseminates the findings from a broad range of activities bearing on issues of the availability and affordability of mental health services, including: studies on parity of coverage for mental health services; evaluation of state health reform demonstrations; assessments of how mental health services and preventive interventions are provided by employers and managed care organizations; and examinations of the effects of various organization and financing strategies on particularly vulnerable populations. To that end, the CMHS ADOF:

- Administers projects and conducts focused studies intended to develop data on the structure, characteristics, and limits of existing mental health benefits sponsored by employers, Medicaid, and the State Children's Health Insurance Program;

- Administers projects designed to analyze patterns and utilization and costs of services, to generate estimates of national spending for mental health and substance abuse services, and to develop data on the impact of managed care on services for vulnerable populations such as adults with serious mental illness;

- Collaborates with other Federal agencies, States, health care providers, consumers, families, and benefits managers to increase the effectiveness of the organization and financing of mental health services, including preventive services;

- Conducts studies focusing on employers and health maintenance organizations (HMOs) with comprehensive mental health benefits, exploring ways for employers to modify benefit plans and examining the impact of insurance coverage laws; and

- Establishes and maintains collaborative relationships, and provides expert advice to other Federal agencies such as the Health Care Financing Administration and the Centers for Disease Control and Prevention to improve the study of the organization and financing of mental health services.

FY 2000 Funding $1,778,511
FY 2001 Estimate $1,780,000

Managed Behavioral Health Care (CSAP)
Office of Healthcare Integration

Background

Employers, States and the Federal government are the largest purchasers of health care services -- whether provided through managed care or other systems, such as fee-for-service. Most individuals gain access to health care services – including substance abuse services – through their own or a family member's health insurance, usually purchased through an employer. States support covers many unemployed individuals who are enrolled in Medicaid. Managed care organizations have increased their role in the public and private sector healthcare marketplace, primarily to help contain costs. While managed care supports a variety of clinical preventive programs (e.g., immunization, diabetes screening, well-child care), far less attention has been paid to implementing substance abuse prevention and early intervention programs. Yet, integration of substance abuse prevention services into the healthcare delivery system has been demonstrated to improve health care outcomes and lower medical costs and. To help shift this paradigm from the market-driven model of medical cost containment to a health promoting, value driven model, key stakeholders must collaborate to prevent substance abuse and other behavioral problems. Substance abuse and related behavioral and physical health problems are major contributors to healthcare costs, lost productivity, and personal and family upheaval.

Goals and Objectives

Goals and objectives include:

- Effecting an integrated healthcare system for the Nation that includes the prevention of substance abuse and other behavioral disorders and that includes parity for prevention services;

- Integrating substance abuse prevention and early intervention activities into existing primary healthcare systems as well as into the more specialized behavioral healthcare system.

- Collaborating with stakeholders to identify, synthesize and promote prevention standards, guidelines, outcome measures, benchmarks, and cost efficient substance abuse prevention services.

Program Activity

In an effort to prevent substance abuse and promote mental health across the life span, the CSAP Office of Healthcare Integration (OHI) engages in a full range of activities to promote the integration of prevention policies, practices and services into the healthcare delivery system. OHI provides leadership and direction for CSAP's healthcare integration team; undertakes and directs data and information collection to inform program directions in integrated care; and serves as liaison with other government organizations concerned with prevention in healthcare delivery. OHI promotes adoption of evidence-based prevention services in publicly and privately supported health care services. By working with private and public purchasers, health professionals, consumers and state and local prevention organizations, OHI promotes adoption of a culturally competent, family-centered system of substance abuse prevention services that are fully integrated with health care and social services, education, family support, and worklife programs. OHI provides leadership and knowledge to increase the capacity and funding for effective prevention services to be provided and reimbursed in the health care delivery system.

FY 2000 Funding	$586,182
FY 2001 Estimate	$586,000

Managed Behavioral Health Care (CSAT)

Background

The rapid expansion of managed care has continued to transform the ways in which mental health and substance abuse services are funded, provided, and organized. Since 1995, SAMHSA has mounted a comprehensive managed care initiative to monitor the development and impact of managed care reforms -- especially those affecting people with mental illnesses and addictive disorders who receive care in the public sector. The CSAT Office of Managed Care (OMC) coordinates all Center managed care activities and policies, including the creation of managed care knowledge development and application projects, policy assessment, training and technical assistance, development of managed care quality assurance guidelines, cost estimation, and evaluation of the impact of managed care on States and providers.

Goals and Objectives

The goal of the CSAT OMC is to inform policy and practice in the field of substance abuse treatment financing through the conduct of evaluation/policy studies, surveillance and service system data, technical assistance and training, and knowledge development.

Program Activity

The Center for Substance Abuse Treatment's Office of Managed Care undertakes and disseminates the findings from a broad range of activities bearing on issues of the availability, affordability and quality of addictions treatment services: studies on parity of coverage, evaluation of state health reform demonstrations, assessments of how substance abuse treatment services are provided by employers and managed care organizations, and examination of the effect of managed care on particularly vulnerable populations. To that end, the CMHS OMC is engaged in a cross-Center study designed to increase knowledge about the effects of public-sector managed behavioral care on service use, costs, outcomes, and satisfaction. It has collaborated with the National Institute on Alcohol Abuse and Alcoholism as well as the National Institute on Drug Abuse to develop a Managed Care Research Network. Other activities have included collaborative surveillance and service system data development around spending for mental health and substance abuse, capitation rates, and integrated data. Technical assistance, training, evaluation/policy study, and quality assurance and accountability activities round out the CSAT OMC portfolio of activities.

FY 2000 Funding $3,135,163
FY 2001 Funding $3,200,000

Refugee Mental Health (CMHS)

Background

The Federal Refugee Mental Health Program (RMHP) was established 1980 within the former Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). At the time, its primary purpose was to provide a mental health service response capacity for the nearly 125,000 Cubans who arrived on the South Florida shores. With the 1992 establishment of the Substance Abuse and Mental Health Services Administration (SAMHSA), the activities of the RMHP were transferred to the Refugee Mental Health Branch, Center for Mental Health Services (CMHS). At the same time, consultative activities were expanded to include liaison with other Federal agencies, notably, the Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services.

Goals and Objectives

To provide mental health consultation and technical assistance to Federal, state, local agencies, and Office of Refugee Resettlement-funded programs to meet the mental health needs of refugee populations.

Program Activity

Since 1995, the RMHP has maintained an interagency agreement with the HHS Office of Refugee Resettlement to provide a broad range of mental health consultation and technical assistance to agencies and organizations working with new refugee populations. The RMHP assists resettlement agencies and community-based organizations working with refugee populations by providing consultation on mental health and social adjustment issues; on-site and telephone consultations; community assessments; development and dissemination of technical assistance documents, and development and provision of workshops and training programs. Of particular import are efforts to educate local mental health and other service providers on special refugee populations, new refugee groups, and special mental health and social adjustment issues such as violence, torture and trauma. RMHP staff may also be charged with special missions, such as responding to refugee emergencies or special initiatives in times of national crises, such as serving as staff to oversee physical and mental health planning and services for Kosovar Albanians processed at Fort Dix, N.J.

FY 2000 Funding	$245,000
FY 2001 Estimate	$245,000

State Incentive Grants (CSAP)

Background

A significant disparity exists between the demand for sound, science-based, substance abuse prevention services for youth and other vulnerable populations and the availability of such services. The Substance Abuse Prevention and Treatment Block Grant program, which sets and maintains baseline substance abuse prevention services, is not sufficient, in and of itself, to ensure the availability of these critical services.

Goals and Objectives

The State Incentive Grant Program (SIG) is designed to close these gaps through targeted reduction of alcohol, tobacco, and illicit drug use by adolescents, ages 12-17 years. The focus on youth is grounded in public health, since substance use is also linked to many negative long-term, health- and behavior-related outcomes.

Program Activity

By the end of FY 2001, the SAMHSA/CSAP State Incentive Grant (SIG) Program will have supported a total of 41 grants. The program provides a unique opportunity for CSAP to work collaboratively with Governors and Single State Alcohol and Drug Abuse agencies on several fronts to –

- Develop comprehensive Statewide substance abuse prevention strategic plans;
- Encourage and stimulate identification, leveraging and/or redirection of funding for Statewide substance abuse prevention; and
- Enhance State capacity to develop and implement science-based prevention efforts.

Under SIG, States leverage, redirect, and coordinate prevention funding streams coming into the state, thus augmenting the traditional Block Grant funding stream. Eighty-five percent of each grant (approximately $2.5 million) is used to implement community-oriented, evidence-based prevention practices to fill gaps in critical prevention services. The remaining 15 percent of SIG funds support development of a revitalized, comprehensive, State prevention plan, making use of all Federal and State prevention funding streams to provide coordinated and integrated prevention services across the State. This process allows States to address the needs of individual communities while enhancing the availability of and accessibility to state-of-the-art substance abuse prevention services. Preliminary data show effective leveraging of funds in SIGs States; 66 percent of programs were using science-based prevention techniques in FY 2000. A new round of grants is planned in FY 2001.

FY 2000 Funding $61,652,000
FY 2001 Estimate $66,454,000

Substance Abuse Prevention and HIV/AIDS: Prevention for Youth and Women of Color (CSAP)

Background

Trend data show a continuing disproportionate increase in HIV/AIDS among African-American, Hispanic/Latino(a), and other racial/ethnic minority youth and women. Not surprisingly, the Congressional Black Caucus has characterized the burden of HIV/AIDS on racial and ethnic minorities as a severe and ongoing crisis requiring both immediate measures and long-term commitment.

Because substance abuse often is linked to the transmission of new HIV/AIDS cases, increased community capacity to provide integrated training in substance abuse and HIV/AIDS prevention services should help reduce both substance abuse and HIV/AIDS. The majority of AIDS cases among African-American women and children is attributable – directly or indirectly – to alcohol or illicit drug use.

Research studies have demonstrated the effectiveness a broad range of approaches to substance abuse and HIV/AIDS prevention services. The capacity of communities to deliver these services, to adapt proven services to their individual needs, and to document and disseminate results from effective interventions needs to be expanded.

Goals and Objectives

The program seeks to enhance and expand substance abuse prevention and treatment, and services related to HIV/AIDS in African-American and Hispanic/Latino communities at high risk due to twin epidemics of substance abuse and HIV/AIDS. At the same time, it addresses gaps in substance abuse prevention and treatment capacity and increases accessibility and availability of substance abuse treatment and related HIV/AIDS services to African-American, Hispanic/Latino, and other racial/ethnic minority substance abusers.

Program Activity

Initiated in FY 1999, this effort responds to pressing "states of emergency" in the African-American community with respect to the extent and impact of HIV/AIDS, as highlighted by the Congressional Black Caucus (CBC). The initiative supports 48 community-based organizations, historical Black colleges and universities, Hispanic colleges and universities, faith communities, and other coalitions and/or partnerships in an effort to build or expand the integration of local substance abuse prevention and HIV prevention services and to increase the availability of and access to integrated substance abuse prevention and HIV/AIDS services to African-American youth and women of color.

FY 2000 Funding	$8,500,000
FY 2001 Estimate	$32,100,000

Targeted Capacity Expansion Program (CSAT)

Background

A significant gap exists between the demand for services for alcohol and drug abuse and their availability. Substance abuse patterns and service needs vary geographically and locally, further complicating efforts to end the disparity. Because Substance Abuse Prevention and Treatment Block Grant funds typically provide operational support for baseline services nationwide, these funds are difficult to deploy quickly to meet unanticipated or emerging demands for specific treatments in particular areas of the country. The Targeted Capacity Expansion Program was introduced by CSAT in FY 1998 to bridge this gap. Designed to assist governmental entities in their efforts to address treatment gaps, TCE supports rapid and strategic responses to consumer demand for substance abuse treatment services.

Goals and Objectives

TCE creates or expands a community's ability to provide a comprehensive, integrated, creative community-based response to a specific, well-documented substance abuse capacity problem.

Program Activity

This program fosters the provision of professional, competent, state-of-the-art treatment practices that address gender, age, racial, ethnic, cultural, physical/cognitive disability, and sexual orientation issues to communities with significant populations suffering from substance abuse, including that compounded by HIV/AIDS, other STDs, TB, hepatitis B and C, and related crime and public health problems. Since FY 1998, a total of 207 TCE awards have been made, providing service capacity for approximately 80,000 persons.

In FY 2000, TCE provided more than $59,000,000 in new funds to meet the needs of substance abusers and their families in need of treatment. This included $21.4 million for new initiatives to address substance abuse and HIV/AIDS in African-American, Hispanic/Latino, and other racial/ethnic minority communities, and approximately $7.4 million for programs targeted to address specific substance abuse treatment issues for pregnant and postpartum women. In FY 2001, approximately $53,000,000 in new grant funding is being made available for these populations.

FY 2000 Funding $114,307,000
FY 2001 Estimate $144,000,000

Targeted Capacity Expansion – HIV/AIDS Services (CSAT)

Background

Because Substance Abuse Prevention and Treatment Block Grant funds typically provide operational support to maintain baseline services nationwide, these funds are difficult to redirect rapidly to meet unanticipated or emerging demands for specific treatments in particular areas of the country. The historic under-representation of certain racial and ethnic groups among substance abuse providers and in client populations further compounds the difficulty. Identified gaps between demand treatment services and their availability have served as a barrier between African American, Hispanic/Latino, and other ethnic and racial minority populations of substance abusers and the substance abuse treatment and related HIV/AIDS services they may need. Specific subpopulations particularly at-risk include women and their children, adolescents (ages 12-19), men who inject drugs, and men who both have sex with men and inject drugs.

To redress this disparity and in response to Congressional language, in FY 1999, CSAT added a new specialized grant program to complement the existing Targeted Capacity Expansion Program. Designed to help governmental entities in their efforts to address treatment gaps, it supports rapid, strategic responses for substance abuse treatment and related HIV/AIDS services (including sexually transmitted diseases, tuberculosis, and hepatitis B and C) specifically targeted toward racial and ethnic minority populations in Metropolitan Statistical Areas in which the annual AIDS case rate is 20/100,000, or States in which the rate is 10/100,000.

Goals and Objectives

The aim is ultimately to reduce the spread of substance-abuse-related HIV/AIDS and other infectious diseases in identified high-risk communities. The Program is designed to help improve the health of substance abusers through linkages among primary health care, HIV/AIDS, substance abuse and mental health treatment services. The Program also expands and enhances the capabilities of substance abuse treatment programs to provide effective services for their clients and to expand their organizational capacity through well-defined linkages with other organizations/providers.

Program Activity

Grantees are community-based organizations with two or more years of experience in the delivery of substance abuse treatment and related HIV/AIDS services that have demonstrated a commitment to providing comprehensive, integrated services that effectively address issues of substance abuse and HIV/AIDS in targeted communities. Services being provided reflect state-of-the-art treatment practices that appropriately address gender, age, racial, ethnic, cultural and sexual orientation issues as well as physical/cognitive disabilities and geographic and economic climates. In FY 1999, the Program's first year of operation, 35 grants were made to community-based organizations across the country. In FY 2000, an additional 43 TCE-HIV grants (totaling $18.4 million) were awarded, and six different State entities were awarded HIV Planning Grants. Data collection are currently underway to assess the numbers of clients served, numbers working, living in permanent housing, having less involvement with the criminal justice system, and reduced substance abuse.

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FY 2000 Funding $40,300,000 (part of total FY 2000 appropriation for TCE)
FY 2001 Estimate $53,000,000 (part of FY 2001 funding for TCE)

Workplace Helpline (CSAP)

Background

The September 1986 Presidential Executive Order 12564, Drug-Free Federal Workplace, required the Department of Health and Human Services (HHS) to develop and oversee implementation of drug abuse prevention policy in all Executive Branch agencies. In conjunction with this initiative, HHS also was required to establish and operate a toll-free telephone service to respond to questions from private sector business, industry, and labor about illegal drugs and how to eliminate their use in the workplace.

Goals and Objectives

The goal is to attract the interest of private sector business, with an emphasis on small business, and gain their acceptance of workplace substance abuse prevention and intervention strategies, programs, and initiatives by providing free consultation, publications, and other referral resources.

Program Activities

The Workplace Helpline provides callers from business, labor, and community organizations with comprehensive, telephone consultations on how to deal with substance abuse problems in the workplace. In addition to conducting a needs assessment to better understand what kinds of prevention initiative(s) are best suited to the caller, Helpline staff can provide consultation on written policies, employee education, supervisor training, employee assistance programs, and drug testing policy. They also link callers to other local and national resources throughout the US that can provide additional low-cost or free publications and technical assistance. They conduct training programs for employees and managers of business establishments when travel funds permit. The Workplace Helpline is staffed to handle inquiries from Spanish-speaking callers.

FY 2000 Funding	$325,000
FY 2001 Estimate	$325,000

Workplace Testing for Substances of Abuse Current and New Technology (CSAP)

Background

As mandated by statute and Executive Order, CSAP's Division of Workplace Programs (DWP) provides day-to-day oversight of the Drug-Free Federal Workplace Program. The program works to eliminate illicit drug use in the Federal workforce and oversees the National Laboratory Certification Program (NLCP) which certifies laboratories to conduct forensic drug testing for the Federal agencies and some Federally regulated industries. Each Federal Executive Agency must establish a program – governed by guidelines promulgated by the Secretary of the Department of Health and Human Services (HHS) – to test for the use of illegal drugs by Federal employees in sensitive positions.

Pursuant to statute, HHS has published mandatory guidelines establishing comprehensive standards for both laboratory drug testing and the procedures to be applied in carrying out the Executive Order, including: (a) use of the best available technology to ensure complete reliability and accuracy of drug tests; (b) strict procedures governing the chain of custody of specimens collected for testing; (c) specification of the drugs for which Federal employees may be tested; and (d) schedules for periodic review of laboratories and criteria for certification/decertification of laboratories to perform drug testing under the Executive Order.

Goals and Objectives

To help eradicate use of illicit substances in the workplace, the Guidelines program establishes state-of-the-science requirements for laboratories seeking certification as Federally approved sites for forensic drug testing for Federal agencies and some Federally regulated industries.

Program Activity

The Mandatory Guidelines for Federal Workplace Drug Testing Programs, promulgated in 1988 by HHS, establish the criteria for Federal drug testing programs mandated by PL 100-71. Today, 130 laboratories are certified by the NLCP; over 60 percent of NLCP's operating costs are derived from fees paid by participating laboratories. The Guidelines have since been updated to refocus drug testing cutoffs and reflect new development in heroin detection technologies. Expanded guidance documents have been developed for collection sites, Medical Review Officer functions, and specimen adulteration/dilution detection.

For the past three years, with strong Congressional and Departmental encouragement, the program has conducted ongoing scientific review of the current state of the science of alternative technologies and specimens (including hair, oral fluids, sweat and onsite testing) to detect illicit drug use.

FY 2000 Funding	$842,000
FY 2001 Estimate	$850,000

Youth Substance Abuse Prevention Initiative (CSAP)

Background

The Youth Substance Abuse Prevention Initiative (YSAPI) was developed under the leadership of Department of Health and Human Services, which designated the Substance Abuse and Mental Health Services Administration as the lead Agency for the initiative. YSAPI responds directly to the 1998 National Drug Control Strategy – working to address the strategy's first goal to "educate and enable America's youth to reject illegal drugs as well as the underage use of alcohol and tobacco."

Goals and Objectives

By leveraging and mobilizing resources, raising public awareness, and countering pro-use messages, YSAPI's goal is to reverse the upward trend and record of past-month use of marijuana among youth, ages 12-17 years, by 20 percent by the year 2020. At the same time, the initiative seeks by 2002 to reduce past-month use of other illicit drugs in the same population by 20 percent and past-month use of alcohol by 10 percent.

Program Activities

The Initiative coordinates a number of programs, campaigns, and strategies, including: (1) State Incentive Cooperative Agreements for Community-based Action; (2) the Parenting is Prevention program; (3) Public/private partnerships with national organizations; (4) the Reality Check marijuana public education campaign; (5) the CSAP high-risk youth program; (6) the media/substance abuse prevention literacy project; and (7) the Decision Support System for Prevention Science, among others.

Other agencies and operating divisions of the HHS; the Federal Departments of Education, Justice and Transportation; the Office of National Drug Control Policy; and a number of national organizations and foundations concerned with child health, welfare and well-being are working in partnership with CSAP to advance the YSAPI agenda.

YSAPI FY 2000 national public education efforts met all their targets, with 28 million visits to the newsline, 417,000 visits to the website, and 13,000 media outlets participating.

FY 2000 Funding $1,100,000 (excludes direct costs of programs, campaigns, strategies)
FY 2001 Estimate $1,100,000 (excludes direct costs of programs, campaigns, strategies)

Bridge the Gap between Knowledge and Practice: Knowledge Development & Application (KDA)

SAMHSA works at the intersection of new research-based mental health services, addictions treatment, and substance abuse prevention knowledge and its application in communities Nationwide. Through its Knowledge Development and Application Programs (KDA), SAMHSA serves as a change agent, moving promising evidence-based prevention and treatment interventions from the controlled research environment to the community setting for use, evaluation, adaptation, and adoption. KDA has two dimensions: developing and testing service models and facilitating adoption by communities. Thus, the KDA grant programs supporting grantees who are implementing science-tested prevention and treatment programs to meet the targeted local needs of people with or at risk for mental illnesses or substance abuse disorders. The goal: to identify what works best in what setting and for whom. The logical extension of knowledge development – knowledge application – fosters adoption of these "best practices," as appropriate and as needed, throughout the substance abuse prevention and treatment, and mental health services fields. Congressional appropriations for these programs are included under individual line items to each SAMHSA Center to support Programs of Regional and National Significance.

Center for Substance Abuse Prevention (CSAP)

Knowledge Development and Application

Background

Substance abuse is one of the most serious problems facing American society. In the household population aged 12 and older in 1997, 13.9 million people were current users of an illicit drug. Today, about four million people are chronic drug users; most began using marijuana, alcohol, and tobacco in their youth. Tobacco use remain unacceptably high. In 1996, about 72 percent of the population aged, 12 and older, had tried smoking cigarettes at some time in their lives; approximately 69 million had smoked at some point during the year; around 62 million were current smokers. The Nation as a whole pays the toll in the form of high health care costs, dangerous neighborhoods, and overcrowded criminal justice systems.

The availability and use of effective substance abuse prevention services are a valuable demand reduction strategy. Effective service principles and program models, coupled with information on how to tailor programs for specific populations and how best to implement them in real-life settings, can yield successful results for users of substance abuse prevention services.

Goals and Objectives

The goal of Knowledge Development and Application (KDA) programs is to create, test, and disseminate new, evidence-based knowledge and best practices in the field of substance abuse prevention designed to improve prevention practices at the State and community levels.

CSAP Program Activity

CSAP's Knowledge Development and Application efforts foster the development and use of comprehensive, culturally appropriate, science-based prevention strategies, policies, and systems that target both individuals and their environment. Specifically, *knowledge development* efforts test effective research-based models generated from prevention theory, methods development, controlled trials, and other areas of scientific inquiry to assess their effectiveness among diverse populations and in unique settings. The current portfolio focuses on children, adolescents, and adults at the individual, family, and community levels. CSAP's *knowledge application* programs synthesize, translate, and disseminate knowledge development project results to States and communities and foster adoption of these identified best practices in local prevention efforts. Moreover, the KDA programs work interdependently with other CSAP initiatives, among them, Targeted Capacity Expansion, High-Risk Youth, and the Substance Abuse Prevention and Treatment Block Grant programs, forming the critical elements of the research-to practice continuum.

FY 2000 Funding $59,541,000
FY 2001 Estimate Part of $175,145,000 allocated for Programs of Regional and National Significance

Alcohol and Youth Studies (CSAP)

Background

Advertising influences children's perception of commonly acceptable social values and behaviors. While early research found no direct relationship between alcohol advertising and its consumption by youth, many young people today have greater recognition of some alcohol beverage brand names than of former U. S. Presidents. The relationships among the amount of time children spend watching television (25 hours a week on average) and listening to the radio, the sizeable advertising budgets of the alcohol industry ($682,600,000 on product marketing in the broadcast media in 1995), and the recent upward trends of underage alcohol use, heavy use, and binge drinking continue to prompt renewed questions about the impact of advertising on youth consumption.

College drinking is a serious problem on America's campuses. One study found that college students consume an average of 5.1 drinks per week. Of students under age 21, over 80 percent reported using alcohol within the year prior to the survey; 68.8 percent reported alcohol use in the previous 30 days. Nearly 42 percent of students (all ages) engaged in binge drinking at least once in the two weeks prior to the survey.

Goals and Objectives

This KDA activity seeks to –

- Determine the effect of advertising on alcohol consumption by underage youth; and
- Identify, test, and develop effective interventions to prevent/reduce alcohol-related problems among college students

Program Activity

CSAP's alcohol research activities include several joint efforts with NIAAA:

- The *Effects of Alcohol Advertising on Underage Drinking* study is determining whether alcohol advertising affects initiation of drinking and consumption patterns among youth. Grantees are exploring relationships among exposure to advertising, alcohol expectancies, other mediating variables (e.g. personality or family norms), and actual alcohol consumption by youth.
- *Prevention of Alcohol-Related Problems Among College Students* focuses on environmental interventions to change external factors that promote or inhibit college drinking; individual-focused interventions to influence knowledge, attitudes and skills that affect drinking behavior; and multi-component interventions that include both approaches.
- *National Alcohol Screening Day (NASD)* is a collaboration among CSAT and Screening for Mental Health, Inc., CSAT, and NIAAA. This annual screening and education event held on college campuses in April of each year, is designed to raise awareness of alcohol problems and help guide students with potential alcohol problems into intervention or treatment.

FY 2000 Funding $ 820,791
FY 2001 Estimate $1,000,000

Children of Substance-Abusing Parents (CSAP)

Background

Children of substance abusing parents (COSAPs) face significantly higher-than-average risk for substance use, the development of substance dependence, and for social, emotional, behavioral, and cognitive problems. They are up to four times more likely than other youth to become alcohol- or drug-dependent. This program addresses the need for more effective preventive interventions that work for this specific population subgroup.

Goals and Objectives

The COSAP program has been designed and implemented to foster integrated systems of effective, sustainable services that intervene on behalf of children in families with substance abuse problems. Interventions focus on increasing resiliency, as measured by psychological, behavioral, and academic indicators.

Program Activity

Initiated in FY 1998, the Program supports 14 two- and three-year grants that are testing the effectiveness of prevention models for COSAPs, ages 6-8, 9-14, and their parents who are in or have attended substance abuse treatment programs. The program is evaluating the effect of community-based services designed to prevent or reduce substance abuse and other behavioral or psychosocial problems among this population of youth . Grantees are identifying the best prevention models and associated services to enhance COSAPs' protective factors (e.g., caring adults in their lives, attachment to school, academic success) and to minimize the risk for substance abuse and/or other problems as a result of their parents' substance abuse. A 15th award supports a data coordinating center to help identify core measures, develop uniform data collection processes, and undertake a cross-site evaluation.

The program is designed to affect child substance abuse; parental substance abuse and parenting skills, and parent-child commitment/bonding. Program implementation is being measured by documenting receipt and quality of services as well as service "dosage" among the study population. Overall program effectiveness is measured by positive changes in academic performance, school attendance, and healthful behaviors, coupled with decreases in problem behaviors and the negative consequences of their parents' conditions. The program activities ended at the close of FY 2000; new knowledge about "what works" will become available in FY 2001. Preliminary data on increased negative attitudes toward drugs show progress: negative attitudes toward drugs increased for 44.7 percent of parents; among children, ages 6-8, perception of harm increased 40.5 percent; 40.9% of children, ages 9-14, showed increased perception of risk. These data begin to indicate how attitudes that already are somewhat negative toward drugs become even more negative.

FY 2000 Funding $6,130,000
FY 2001 Estimate Program completed

Community-Initiated Prevention Interventions (CSAP)

Background

A constellation of factors – biological, developmental, and environmental (e.g., family, school, community and workplace) -- contribute to an individual's susceptibility to substance abuse. Substance use is most likely to start around age 12, with alcohol, tobacco, inhalants, or marijuana being the first substance used. Some children, in adolescence, advance to heavier use of these drugs as well as to use of other illegal drugs. While boys and girls use drugs at different rates and for different reasons, substance use before age 15 has been linked to increased problems later in life.

Increased risk for substance use is not limited to the transition from childhood to adolescence alone. Other transition points -- adolescence to adulthood and from mid- to late adulthood -- represent other vulnerable periods for the development of substance abuse The 1999 National Household Survey on Drug Abuse found that Among youth ages 12-17, 10.9 percent had used an illicit drug within the previous 30 days. Moreover, the highest rates of illicit drug use is among persons aged 18-20 years, with rates of current use between 20 and 21 percent.

Despite the fact that new behavioral prevention approaches have proven effective with specific populations, substance abuse prevention providers often are slow to adopt new interventions.

Goals and Objectives

This program is field testing effective substance abuse prevention interventions that have been shown to prevent or reduce, tobacco, alcohol, or illegal drug use and/or associated social, emotional, cognitive or behavioral issues among high-risk populations in local communities.

Program Activity

This grant program , new in FY 1999, supports 21 field-initiated grant projects that: (1) replicate or adapt effective evidence-based interventions for vulnerable populations in communities with diverse populations or (2) undertake follow-up studies of promising research-based interventions to assess their continued effectiveness as individuals progress through normal developmental stages. The program's focus ensures maximum effectiveness potential for generalizability with many populations because tried models are adapted, with assistance as needed, and then applied under real-life conditions.

Interventions such as family mentoring and support, school violence/school climate change and life transitioning interventions, and vulnerable populations (e.g., people with physical or mental disabilities, Native Americans, and people living in rural areas) are among the many focus areas of these programs. Results to be tracked include decreased substance abuse and increased negative attitudes toward drugs of abuse. Sites are currently implementing interventions. Approximately $2 million in additional funds were made available in FY 2000 to support up to seven new awards. Over 90 applications were received; review is anticipated in early summer, 2001.

FY 2000 Funding	$ 2,420,000
FY 2001 Estimate	$10,824,000

Developmental Predictor Variables, 10-Site Study (CSAP)

Background

Several childhood behavior characteristics (e.g., impulsivity, poor social competence, distractability) have been found to be predictive of more serious forms of adult disorders, including substance abuse. The absence of an interested, involved, primary caregiver compounds the situation. Taken together, a child's impulsivity, lack of social competence, and the primary caregiver's lack of investment in the child limit the child's capacity to develop prosocial bonds. The result is increased risk for academic failure, truancy, alienation from traditional community and family sources of support, and dysfunctional or antisocial behavior. As this pattern of early problem behavior coupled with lack of parental investment becomes more pronounced, attendant behavioral, psychological, and other health problems may also increase.

Goals and Objectives

The Program's aim is to enhance knowledge about preventing substance abuse by determining the most effective types of interventions – and the relevant developmental stage(s) at which they work best – in changing the developmental path for children at risk for substance abuse. The program examines the relationships among social competence, self-regulation and control, school bonding and achievement, and parental involvement.

Program Activity

The first study of its kind, the Developmental Predictor Variables 10-Site Study, is an initiative that takes prevention research beyond an identification of "what works" to a determination of the most effective *sequence* of interventions in a child's development and the staging of those interventions. Ten separate projects have been funded to study four specified childhood developmental stages: ages 3-5, 6-8, 9-11, and 12-14. The projects follow each age group separately for two years; the cohort groups are then linked to span the entire developmental range under study. All sites utilize the same core process and outcome evaluation instruments.

The program has generated consistent, statistically significant, positive outcomes. As a result of program interventions, study sites in Utah, Georgia, North Carolina, and Washington State reported decreased family conflict, aggression, and conduct disorders; improved cooperation and academic performance; and decreased substance use in the study populations. The interim number of youths using alcohol in the control group was twice as high as in the intervention group when comparing baseline to follow-up data. Rates of drug use increased by less than 0.4 percent in the intervention group. Where there was no intervention, rates of drug use increased from 7-12 percent.

FY 2000 Funding Program completed

Family Strengthening (CSAP)(with CMHS)

Background

Recent longitudinal research suggests that parents have a greater influence on their adolescent's behaviors than previously believed. Although peer influence is the foremost reason adolescents initiate negative behaviors, recent CSAP high risk-youth data analyses reveal that positive parent/child relationships, parental monitoring, and family disapproval of inappropriate behaviors and drug use are the primary reasons youth do not use drugs or engage in delinquent or unhealthy behaviors.

Many different parenting and family strengthening programs have been identified as effective in reducing adolescent problem behaviors. Unfortunately few of these programs are being disseminated widely or adopted locally, in part because little evidence or guidance is provided on how best to encourage practitioners to adopt/adapt "best practices" in prevention.

Goals and Objectives

Goals of the Cooperative Agreement for Parenting and Family Strengthening Prevention Interventions: A Dissemination of Innovations Initiative include –

- Increasing local community capacity to deliver best practices in effective parenting and family programs to reduce or prevent substance abuse;
- Documenting decision-making processes for the selection and testing of effective interventions in community settings; and
- Determining the interventions' effect on reducing alcohol, tobacco, or other illegal drug use as well as associated social, emotional, behavioral, cognitive, and physical problems of participating parents and their children.

Program Activity

Initiated in FY 1999, this two-year effort is identifying cost-effective methods to disseminate information and provide training on effective, research-based, family-focused, prevention strategies and models in order to extend the application of these demonstrated effective models to at least two communities in every State and territory across the country.

This program – with 95 awards made in FY 1999 and an additional 32 in FY 2000 – is helping community agencies determine the best parenting and family program to respond specifically to local needs; train agency personnel to implement research-based programs with fidelity and to make needed cultural modifications more effective; and assist them in evaluating their effectiveness. Results to be tracked include improved family communication skills. Data are now being gathered.

FY 2000 Funding $11,824,000 (Jointly funded by CMHS, CSAP)
FY 2001 Estimate $3,100,000 (Jointly funded by CMHS, CSAP)

Fetal Alcohol Syndrome/Fetal Alcohol Effects Program Grants (CSAP) (with CSAT)

Background

In the FY 2000 appropriations conference report for the Department of Health and Human Services, Congress, directed SAMHSA's Center for Substance Abuse Prevention (CSAP) to a "regional consortium of South Dakota, North Dakota, Minnesota, and Montana to provide Fetal Alcohol Syndrome services." The Congress also directed that SAMHSA's CSAP and CSAT support a "five-point State of Alaska plan of action to prevent fetal alcohol syndrom and other alcohol-related birth defects and to improve the State's system of care for those individuals already affected by prenatal exposure to alcohol."

Goals and Objectives

The goals of these projects are to build capacity through the establishment of interagency coordinating councils within each State to establish integrated systems of care that can –

- Provide comprehensive services to prevent, treat, and/or reduce the number of births of FAS and FAE-affected infants;
- Train staff to recognize and treat FAS and FAE; and
- Support those persons already affected by these conditions to minimize their health, educational, social, and judicial problems.
- Develop centralized information base, including data on the demographic and other characteristics for people at risk for FAS/FAE.

Program Activities

Both projects are cooperative agreements to ensure greater Federal input into the grant programs. Cooperative agreements involve substantial participation by Federal staff and other resources in the conduct of the project. Such involvement ensures that plans are adequate and appropriate to reach the intended target populations.

The projects are developing Statewide plans to prevent and treat FAS and FAE in the five States supported under this Congressional earmark. Both grants also support prevention and treatment services to populations at high risk for FAS/FAE. The Alaska project can extend for up to a total of 5 years; the four-State project can be renewed for up to three years.

FY 2000 Funding $8,560,000 (Jointly funded by CSAP and CSAT)
FY 2001 Estimate $15,000,000(Jointly funded by CSAP and CSAT)

High-Risk Youth - Project Youth Connect (CSAP)

Background

Whether youth engage in problem behavior is related to the range of risks and protective factors present their lives. A youth with learning problems in school, a parent involved in the criminal justice system, a family with a substance use/abuse problem, an economically strained community, and/or a brush with violence, has multiple risk factors. Since 1987, CSAP has supported testing and evaluation of interventions to prevent substance abuse among children and youth. One consistent finding suggests that the risk of substance abuse can be decreased by intervening during certain vulnerable stages of a child's development.

Goals and Objectives

The overarching goal of the program is to identify and make available to communities nationwide culturally competent, locally-based, effective models to prevent alcohol and drug use among youth in high-risk environments.

Program Activity

Project Youth Connect funded a total of 15 High-Risk Youth Mentoring Study sites in Fiscal Years 1997 and 1998 to test the effectiveness of mentoring/advocacy programs in general and more specifically, the level of increased effectiveness when the mentoring occurs both with youth and with the family system. To that end, the Program has implemented and is evaluating two intervention strategies:

- A youth-only model with youth-centered interventions such as academic support, tutorial assistance, individual/group counseling, conflict resolution, problem solving, violence prevention activities, substance abuse prevention, and community service activities; and

- A youth/family model combining the youth model with a family component including parent effectiveness training and support groups, family bonding activities, and support to family siblings.

CSAP is evaluating the effectiveness of mentoring interventions in programs that not only utilize community volunteers but also employ health and human service professionals to work with mentees, their families/caregivers, and school personnel. CSAP is also evaluating whether mentoring interventions alone or those provided in combination with other interventions and services for both youth and families/caregivers are more effective in reducing substance abuse, curbing family and school violence, and improving community/school environments. The program is in its final year of implementation. Building on the lessons learned from Project Youth Connect as well as the family strengthening program, CSAP/CMHS will announce a new grant program focused on high-risk youth later this year. Approximately $6.5 million is anticipated to become available to support 16-18 grantees and a coordinating center. Results to be tracked include decreased substance abuse and related violence.

FY 2000 Funding $7,000,000
FY 2001 Estimate $7,000,000 (for new grant program focused on high-risk youth.)

National Center for the Advancement of Prevention (CSAP)

Background

The National Center for the Advancement of Prevention (NCAP) is the foremost program of the Center for Substance Abuse Prevention (CSAP) designed to foster the synthesis, diffusion, and utilization of comprehensive, culturally appropriate, evidence-based prevention programs, principles, and policies.

Goals and Objectives

NCAP bridges the gap between research and practice, developing, synthesizing, updating, adapting, and disseminating state-of-the-art prevention knowledge about what works in prevention, for whom, and under what conditions.

Program Activities

The "Infrastructure for Bridging the Gap between Research and Practice" is supported by both continuous assessment of the field's needs and development of strategic plans for the national prevention system.

Knowledge synthesis activities include – (1) creating a National Registry of Effective Prevention Programs; (2) publishing state of prevention science monographs, application manuals and short-form summaries for prevention practitioners; (3) publishing results of CSAP's Family-Focused Prevention and Community-based Intervention symposia for professionals and the public; (4) developing a user's guide to model prevention programs; and (5) synthesizing national substance abuse trend data.

Knowledge transfer activities include – (1) developing Family Strengthening grantees' capacity to increase readiness for selecting and implementing model programs; and (2) convening an expert panel to identify best practices in dissemination that have applicability to prevention and family strengthening programs.

Capacity building activities include – (1) developing a training manual to assist planners in selecting prevention interventions appropriate to the target populations; (2) creating profiles of available State and community substance abuse-related data; (3) promoting diffusion of science-based prevention knowledge products into wide scale field application utilizing a strategic partnership with CSAP's Center for the Application of Prevention Technology; and (4) providing training and technical assistance on self-evaluation and accountability models.

FY 2000 Funding	$2,000,000
FY 2001 Estimate	$2,000,000

Practitioner Information and Education (CSAP)

Background

People at risk for substance abuse can benefit from ready access to high-quality, appropriate, effective prevention services. Providing credible, research-based information in succinct form to prevention service providers can help stimulate practitioners, community providers, prevention program administrators, and policy makers to adopt, use, and promote effective service models in their programs. Publication and dissemination of substance use prevention guidelines for practical application and policy development can facilitate provider and policy maker decision making about prevention service options. Technical assistance and training programs (including fellowship programs) provide valuable opportunities to influence prevention practitioners' behavior.

Goals and Objectives

This practitioner-oriented series of activities is designed to make a wide range of substance abuse information and resources available to prevention providers, thereby enhancing their effective provision of services

Program Activities

The **National Center for the Advancement of Prevention (NCAP)** is CSAP's chief program effort to identifies, synthesizes, and translates state-of-the-art prevention knowledge about what works in prevention into user-friendly products ready for integration into practice.

The **Prevention Decision Support System (PDSS)**, the **Prevention Enhancement Protocol System (PEPS)** and the **National Registry of Effective Programs (NREP)** are tools used by CSAP to synthesize information from the field to identify effective interventions – best practices – in the area of substance abuse prevention. Through the emerging PDSS, CSAP is working to provide on-line, real-time information, training and technical assistance to its customers. CSAP began work on the PDSS in FY 1999; it is now on-line for use by substance abuse prevention programs across the country at < www.preventiondss.org.>

The **Faculty Development Program (FDP)** is developing a cadre of health professionals with teaching and advocacy expertise in substance abuse prevention. The program operates in Schools of Medicine, Social Work, Psychology, and Public Health and Preventive Medicine residency training programs. Using their mandatory community linkages, faculty fellows develop bi-directional relationships with their communities assuring that the academic institutions become an integral part of the community. The interdisciplinary training that FDP fellows receive prepares them to provide the integrated health services necessary to meet the population-based challenges facing the American public. The FDP has met its FY 2000 target to train 100 fellows in substance abuse prevention. Substance abuse curricula area maintained at 8 FDP schools of medicine, nursing and public health.

FY 2000 Funding	$1,300,000 (Part of Public Information/Education funding)
FY 2001 Estimate	$1,300,000 (Part of Public Information/Education funding)

Public Information and Education (CSAP)

Background

Using a variety of print and electronic technologies, CSAP works to assure that all Americans have equal access to today's best knowledge about substance abuse prevention.

Goal and Objectives

CSAP's public information and education initiatives provide information and education resources to improve public awareness of substance abuse trends, their impact, and the nature and scope of effective preventive interventions.

Program Activities

National Clearinghouse for Alcohol and Drug Information (NCADI)
For over a decade, NCADI has served as the Nation's Federal single point of entry for comprehensive, customer-oriented information services regarding substance abuse prevention, intervention, and treatment information. It also serves as the response center for the ONDCP National Youth Anti-Drug Media Campaign. In FY 1999, NCADI responded to approximately 497,000 requests and distributed over 15 million free or at-cost Federal publications and products. NCADI has surpassed all of its FY 1999 targets: information requests received by telephone, mail, e-mail and the PREVLINE website increased; customer satisfaction was at 90 percent.

Public Education Campaigns
Hablemos en Confianza, the product of a collaboration with Hispanic/Latino community leaders, is a package of products designed to strengthen the dialogue between Spanish-speaking Hispanic/Latino parents and their children about the dangers of substance abuse. Parts of the kit are designed for parents/other adults; other parts are for children themselves.

The *Reality Check* Campaign, now entering its second phase, educates parents and caregivers, stressing the need for parents to talk with their children about marijuana to help change social acceptance of marijuana use among youth and in youth popular culture. Phase II activities are designed to foster dialogue between adults and older teens by bridging the gap in adults' understanding and knowledge of the world in which youth live. The Reality check website logged 25,003 views in January, FY 2000; the average session length increased.

Girl Power!, addressing a range of health issues, is enhancing competence, building skills, and improving self-image in girls, ages nine through 14. By teaming up with over 500 State and local organizations and 58 national endorsers, the campaign has a market reach of over 116 million.

FY 2000 Funding	$9,600,000
FY 2001 Estimate	$9,600,000

Starting Early/Starting Smart (SE/SS) (CSAP) (with CMHS and CSAT)

Background

Research on early childhood development, mental health, substance abuse, and child welfare suggests that early identification of and intervention with at-risk children and families can improve family functioning, particularly when services are provided in familiar settings. Costs of not intervening are significant; the Casey Family Program estimates that up to 80 percent of out-of-home placements of children are related to family substance abuse/and or mental disorders.

Primary health care and childcare programs report the effectiveness of bringing behavioral health expertise into these settings to address the behavioral health problems evident in their populations. Integrated services from multiple systems support a family's ability to nurture its children and improve family function. Effective models of such service integration need to be studied in real-life settings to help identify best practices that address the needs of young children and families affected by substance abuse and mental disorders.

Goals and Objectives

The SE/SS goal is to identify new, empirical knowledge about the effectiveness of integrating substance abuse prevention, addictions treatment, and mental health services with primary health care and childcare service settings (e.g., Head Start, day care, preschool) to reach very young children (ages 0-7) and their families at risk for or experiencing substance abuse and/or mental illness. Knowledge from these projects is designed not only to establish best practices but also to inform future policy decisions about such integrated approaches to prevention.

Program Activity

SE/SS projects are the product of a unique public/private collaboration among the Substance Abuse and Mental Health Services Administration's three Centers, the Health Resources and Services Administration, the Administration for Children and Families, the Department of Education, and the Casey Family Program (CFP), a private operating foundation. The 12 grants under this program complete their 3 project years in mid 2001. Cross-grant data analysis by the Data Coordinating Center is expected to be completed by the end of the calendar year. Projects and the Coordinating Center are assessing the collaborative processes being used to provide the integrated services in an effort to better understand the role of service providers in their program designs as well as differences in child, family/care giver outcomes (e.g., child attachment/bonding, psychological functioning, substance use, access and utilization, school readiness). According to preliminary data, outcomes for the intervention groups improved relative to the comparison groups in 7 of 10 measures.

The emerging knowledge will be used to undertake – (a) a five-site longitudinal study of original SE/SS families to evaluate the durability of the children's progress as they face new emotional and cognitive demands entering pre-school or school years; and (b) a pilot study to apply SE/SS findings to a wider variety of service settings for young children.

FY 2000 Funding $5,352,276 (Jointly funded by CMHS, CSAP, CSAT; excludes funds from CFP)
FY 2001 Estimate $4,100,000 (Jointly funded by CMHS, CSAP, CSAT; excludes funds from CFP)

Welfare Reform and Substance Abuse Prevention for Parenting Adolescents (CSAP)

Background

Adolescent parents of young children face many critical, complex, and pervasive problems that place them and their children at high risk for substance abuse. Those living in poverty and eligible for welfare benefits are at particularly high risk. Welfare reform targets teen parents through several specific provisions; as States implement welfare reform, these "high risk" welfare recipients may "slip through the cracks," losing benefits and other needed social supports. This increases their risk (and their children's risk) for experiencing negative outcomes such as substance abuse, homelessness, and STDs, including HIV/AIDS.

Goals and Objectives

The program is designed to help understand whether the provision of comprehensive, substance abuse prevention interventions directed at adolescent parents can help prevent substance abuse and other problems that have a negative effect on their health and well-being. The four key objectives are to:

- Prevent or reduce alcohol, tobacco, and drug use
- Improve academic performance
- Reduce subsequent pregnancies
- Foster involvement in parenting and life-skills, and general well-being.

Program Activity

CSAP's Parenting Adolescents Program, initiated in FY 1998, continues to build the knowledge base about the effects of welfare reform on parenting teens and to measure the effects of preventive interventions tailored to this population. The program is being implemented in three phases:

- Measurement development/program planning/recruitment
- Program implementation, data collection, evaluation of effectiveness
- Data analysis/replication manual development.

Ten grantees are providing preventive intervention services and related supportive services (e.g., preventing repeat pregnancies, improving academic achievement, and parenting skills) to teen parents to help reduce substance abuse problems. The approaches adopted by each site are being documented, evaluated, and manualized for replication in other communities. Results to be tracked include increased perception of harm and reduced alcohol use by participants. Final data are anticipated by fall 2001.

FY 2000 Funding $4,603,000
FY 2001 Estimate Program completed

Workplace Managed Care Program (CSAP)

Background

Workplaces provide ideal opportunities to influence individual behavior and community norms. Clear, consistent substance abuse policies and drug education create an aware and informed workforce that can reduce the costs of drug and alcohol abuse in workplaces, and through the employees, reach their families and the communities in which they live.

Referral to treatment and support for employees who want to change their behavior is key. A 1999 study found that savings realized from these programs (which include substance abuse prevention) ranged between $1.40 to $13.00 per program dollar expended. Employee Assistance Programs (EAPs), offering a wide range of services, are increasingly being used by employers. For example, after the Gillette Company initiated an EAP, its inpatient substance abuse treatment costs dropped 75 percent. The McDonnell Douglas EAP estimated saving $5.1 million due to fewer days missed from work, lower turnover, and lower employee, spouse, and dependent medical claims.

Goals and Objectives

This grant program is designed to help identify "what works" in managed care substance abuse prevention, early identification and early intervention, and at what cost.

Program Activities

CSAP worked with nine for-profit and large private sector workplace employers in a three-year, cooperative agreement grant program, Workplace Managed Care (WMC). Designed to identify best practices in substance abuse prevention and early intervention in a workplace/managed care environment, results are expected to encourage more employers to decide to provide prevention and early intervention within their managed care and workplace programs.

Preliminary findings from retrospective medical claims and employment-linked data have been produced by some individual grantees, and common measures have been identified. Participating employers have implemented a wide range of intervention components such as peer programs, parenting, videos, interactive web sites, and health risk assessments, all of which are being studied in very diverse employee/covered life populations (union and nonunion, blue and white collar, manufacturing and service, etc.). In FY 2000 all 9 grants increased the total range of health care use.

Each grantee is developing a replication manual so others may easily adopt/adapt these successful programs. Finally, a cross-site study is providing business with a comprehensive knowledge base.

FY 2000 Funding $ 782,000
FY 2001 Estimate Program completed

Center For Substance Abuse Treatment (CSAT)
Knowledge Development and Application

Background

The Center for Substance Abuse Treatment's (CSAT) Knowledge Development and Application programs focus on increasing the efficiency and effectiveness of substance abuse treatment services and on supporting and building upon research and SAMHSA field experiences.

Goals and Objectives

To promote continuous, positive treatment service delivery change for those people who use and abuse alcohol and/or drugs by developing and field testing new treatment models to facilitate provision of quality treatment services and service delivery.

Program Activity

CSAT supports activities that develop and field test new treatment models , helping to facilitate provision of quality treatment services and enhanced service delivery. These activities are undertaken in real service settings in communities across the country rather than in laboratories or in strictly controlled environments; the results are disseminated to State agencies and community treatment providers. The aim: promotion of continuous, positive, treatment services delivery change for those people who use and abuse alcohol and drug.

The focus of CSAT's *knowledge development* programs is to work with constituent organizations, localities and individuals to identify critical treatment issues; thereafter CSAT allocates funding for competitive grants to establish and field test models and 'best practices'. CSAT's *knowledge application* activities follow naturally from the knowledge development activities, supporting targeted dissemination of knowledge developed and its adoption in practice by treatment providers.

FY 2000 Funding $100,259,000
FY 2001 Estimate Part of $256,315,000 appropriated for Programs of Regional and National Significance

Addiction Technology Transfer Centers (CSAT)

Background

Utilizing state-of-the-art education and training programs that incorporate comprehensive curricula addressing all elements of addiction treatment and recovery, Addiction Technology Transfer Centers (ATTCs) disseminate research-based addiction knowledge to addictions treatment and public health/mental health personnel, institutional and community corrections professionals, and other related disciplines. Program evaluation includes extensive follow-up with students and trainees to determine the extent to which the knowledge disseminated is being used and to identify any barriers, to the application of state-of-the-art knowledge, skills, and attitudes.

Goals and Objectives

Drawing from current health services research from the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, as well as from SAMHSA's own applied research, this program allows ATTCs to develop and disseminate curricula and state-of-the-art addictions information, working toward the upgrading of standards of professional practice for addictions workers in multiple settings, preparing practitioners to function in managed care settings, and stimulating educational providers to address addiction in academic programs for relevant disciplines.

Program Activity

CSAT today supports a network of 13 geographically dispersed Addiction Technology Transfer Centers (ATTCs) covering 39 States, Puerto Rico, and the Virgin Islands. An ATTC National Office grant site coordinates cross-ATTC activities. In its first five years, over 1,500,000 contact hours of academic, continuing education, professional development and practicum training were provided to over 60,000 individuals.

Other ATTC program dissemination models include such activities as: (1) presentations at national, regional, and State professional meetings; (2) exhibit booths; (3) newsletters and Internet web sites (http://www.nattc.org); (4) distance education technology; (5) multi-disciplinary and cross-disciplinary linkages; (6) consortia development and technical assistance; and (7) interagency collaboration.

The ATTC Curriculum Committee produced CSAT's Technical Assistance Publication, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice,* which describes educational outcomes and other attributes essential to the competent practice of addiction counselors.

ATTCs trained 20,895 individuals in FY 1999, exceeding their target. With only three quarters of FY 2000 data, the FY 2000 target has already been exceeded.

FY 2000 Funding $8,115,941
FY 2001 Estimate $8,000,000

Adolescent Treatment Models (CSAT)

Background

Despite fluctuations in the use of alcohol and other drugs by adolescents over the past 20 years, adolescent substance abuse disorders remain a serious, prevalent, and costly public health problem. Unfortunately, little information documents how best to provide effective and cost-efficient substance abuse treatment for adolescents that yield the best individual outcomes. Materials are limited, at best; few, if any, provide concrete, specialized models that are gender specific, age relevant, and developmentally appropriate in treatment approach.

Moreover, no current mechanism is in place to facilitate the identification and transfer of knowledge and methodology to all States, Substance Abuse Prevention and Treatment Block Grant sub-recipients, and other substance abuse treatment providers. This grant program seeks to bridge this void.

Goals and Objectives

This grant program is designed to –

- Identify potentially exemplary models that currently exist;
- Document and manualize such models;
- Produce short-term evaluation of outcome measures and cost-effectiveness; and
- Present documented, manualized, and evaluated models to an expert panel.

Program Activity

This program is designed to identify regimens of care that appear to be exemplary and potentially useful for further replication and dissemination. Special emphasis has been placed on models focused on treatment for adolescent heroin abusers. This grant program was structured to permit other populations to be targeted in the future utilizing the same programmatic structure. For this reason, the critical emphasis is on evaluation of the models to determine their level of success in terms of both client outcomes and cost effectiveness. Results to be tracked include increased school attendance, stable housing, lack of juvenile justice involvement, and a lack of substance abuse. Currently, the program supports 10 grantees.

FY 2000 Funding $4,323,131
FY 2001 Estimate $4,300,000

Adolescent Alcohol Abuse/Alcoholism (CSAT)

Background

Studies have shown that alcohol frequently is implicated in adolescent traffic deaths, suicides, homicides, and other fatal injuries. Risk for alcohol-related consequences appears to increase with each grade in school. Although a variety of interventions have been developed to ameliorate serious alcohol and alcohol-drug problems among adolescents, their efficacy is largely untested.

Goals and Objectives

The program's primary goal is develop a knowledge base derived from efficacy research, i.e., manualized, theory-driven , randomized controlled clinical trials for adolescent treatment interventions. The secondary goal is to assess the effectiveness of standard adolescent treatment interventions.

Program Activity

CSAT has been collaborating with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to jointly support research that will contribute to the identification of efficacious treatment interventions and services for adolescent alcohol abusers and alcoholics. Two types of studies have been funded: (1) theory-driven investigations based on experimental design (efficacy studies); and (2) inquiries that assess practice-as-usual in health service settings (effectiveness studies). Projects also are identifying, developing and/or testing related screening, assessment, and diagnostic instruments, or are undertaking pretrial studies that investigate predictors of treatment outcomes in specific subgroups of adolescents.

The greatest benefit of this program is that adolescent alcohol abusers and alcoholics will be identified and treated earlier, more appropriately, and more effectively. The earlier the onset of first alcohol use, the greater the probability of developing alcohol dependence during the life course, heightening the need to know "what works" for this important population. This partnership with NIAAA is leveraging and make more effective use of funding. It also allows CSAT and NIAAA staff to share their knowledge, further enhancing likely positive outcomes for this grant initiative.

Fourteen five-year awards were made in FY 1999 to institutions of higher learning and other health and human services institutions.

FY 2000 Funding $1,900,000 (excludes funds from partner agency, NIAAA)
FY 2001 Estimate $1,900,000 (excludes funds from partner agency, NIAAA)

Community Action Grants for Service Systems Change (CSAT)

Background

The Program supports adoption of specific exemplary practices related to the delivery or organization of services or supports into systems of care for adolescents and adults with alcohol and other drug use problems. The Program is designed to encourage communities to identify and build consensus around exemplary service delivery practices that meet their own needs, and that meet criteria identified for defining what constitutes an exemplary practice. Exemplary practices are limited to those that involve service delivery or the organization of services or supports. Program target populations include: (a) adolescents with alcohol and illicit drug abuse problems; and (b) adults with alcohol and illicit drug abuse problems, including women and their children affected by substance abuse. A Hispanic priority program was added to give Hispanic communities some priority in identifying for themselves, and facilitating implementation of exemplary practices for persons with mental health and/or substance abuse problems within their own communities.

Goals and Objectives

The goal of the program is to promote adoption by communities of exemplary practices in the delivery of substance abuse services.

Program Activities

These projects currently are providing education and training regarding organizational and change dynamics: dissemination of information to the community-at-large; expert consultation on substance abuse issues and treatment; convening and direct facilitation of the consensus building and decision support process; expert consultation on community needs assessment, service modeling and adapting exemplary practices to unique community requirements; consultation and training for consumers, family members and others on project goals, objectives and processes within the project; and evaluation of the consensus building process and outcomes. Seven awards were made for Phase I awards in 1999; new Hispanic Priority awards went to three separate programs in the same year. Five new Community Action Grants were awarded in FY 2000. Current projects are reporting 75-85 percent satisfaction rates.

FY 2000 Funding	$672,299
FY 2001 Estimate	$700,000

Comprehensive Community Treatment (CSAT)

Background

Previous Knowledge Development and Application (KDA) activities and research amplify the need to develop and/or modify treatment approaches for special populations, service settings outside of the traditional substance abuse treatment sites, and integration and coordination of comprehensive services to identify and respond to the multiple and unique needs of clients in treatment. Delivery of substance abuse treatment services is complicated by rapidly changing demographics of the people needing and receiving services and of the communities in which the services are provided and received. These changes include implementation of managed care in both the public and private sectors. This program is designed to help treatment providers and other substance abuse treatment experts identify innovative clinical and service delivery approaches in need of development and study.

Goals and Objectives

CSAT seeks to promote partnerships and collaborations among community-based organizations and to foster broad participation among researchers, practitioners, consumers, and payers, and to support the development of an infrastructure to facilitate knowledge development. The goal of this program is to generate new knowledge about three aspects of substance abuse treatment:

Special populations;

- Integrated substance abuse treatment, screening, and early intervention in non-traditional settings; and
- Innovative programs.

Program Activity

The Program promotes partnerships and collaboration among community-based organizations; fosters broad participation among researchers, practitioners, consumers and payers; and supports development of a knowledge development infrastructure. Program grants are supporting the development or modification of treatment approaches for special populations and/or service settings and rigorous efficacy evaluation.

In FY 1999, SAMHSA made 13 grants to community-based organizations around the country. The grantees are producing information in the form of outcome data, treatment manuals, training programs, publications and presentations that will advance the field's ability to provide effective, efficient substance abuse treatment. Results to be tracked include school attendance, stable housing, lack of juvenile justice involvement, and a lack of substance abuse for children. Similar life-style measures will also be tracked for adults. Eight new CCTP awards, with awards totaling $2.6 million, were added in FY 2000.

FY 2000 Funding $7,177,518
FY 2001 Estimate $7,000,000

Criminal/Juvenile Justice Treatment Networks (CSAT)

Background

Substance use is a significant issue for individuals entering or incarcerated in the adult and juvenile justice systems. Significant service coordination must occur if ongoing responsiveness to offenders' substance abuse treatment needs and continued treatment and supportive services following discharge are to be achieved. This "systems change" program created partnerships between adult/juvenile justice agencies and a local treatment network. Through this program, metropolitan jurisdictions established a permanent, flexible management infrastructure that allowed their respective Network to adapt to meet the unique, shifting needs of their jurisdiction.

Goals and Objectives

This program was designed to enhance substance abuse treatment access and service delivery to offender populations by focusing on systems integration, linkages, and information sharing between community criminal justice, substance abuse, mental health, health , and social service agencies.

Program Activity

Grants were awarded to a lead juvenile/adult justice agency that worked through a Local Coordinating Council to establish and maintain multiple intervention points and an integrated treatment and accountability system. As a first step in the conduct of the program, grantees established appropriate linkages and agreements among justice agencies (courts, jails, probation), the treatment network, and related health, mental health, and social services agencies.

Eight metropolitan jurisdictions were initially funded in late 1995, and all projects received their last year of funding in 1999. Each of the Network jurisdictions completed an implementation plan, developed a wide range of service partnerships, completed uniform screening and assessment instruments, developed or expanded their MIS/tracking system, and processed significant numbers of women or juvenile clients who accessed the program at numerous entry points during justice processing.

The Denver Juvenile Justice Integrated Network, a Colorado model, for example, attracted national attention. Through its Center for High Risk Youth, Denver also completed a Juvenile Justice Treatment Guide that highlights state-of-the-art practices from current and past CSAT projects. The Brooklyn Treatment Court developed an award-winning MIS/tracking system. The Phoenix Women's Network developed an integrated, metropolitan-wide treatment system; and San Francisco used this Network as a reform model for its Adult Probation Department.

Each project has had an independent evaluator to document the network development process and collect data, which will be consolidated into a pending national evaluation product.

FY 2000 Funding Program complete

Enhanced Services for Persons with Co-Occurring Substance Abuse and Mental Health Disorders in Alaska (CSAT with CMHS)

Background

With 44 percent of the State's population, Anchorage is the largest city in the State of Alaska. The harsh climate poses significant challenges to people with co-occurring mental and substance abuse disorders. Deaths of homeless persons with co-occurring disorders due to hypothermia are known to have occurred in the winter months.

The substance abuse and mental health service delivery systems of the Anchorage area are experiencing substantial change as the State Hospital (Alaska Psychiatric Institute) is downsized and the State reconfigures the service delivery systems to better respond to persons with co-morbid conditions. The State is at a crossroads in its organization of services to persons with co-occurring disorders.

Goals and Objectives

This project is designed to reduce reliance on hospital-based emergency/crisis psychiatric and substance abuse emergency services by expanding community-based options for responding to individuals with co-occurring disorders who experience destabilization. The activity presents a unique opportunity for SAMHSA and its Centers to learn, first hand, how the transition from parallel systems to a seamless system of care can be accomplished in a small city in a rural/frontier State, and at what costs, both tangible and intangible. This project promises to yield learning about the factors and circumstances that facilitate and/or retard systemic change in complex treatment systems.

Program Activities

The grant program is supporting an evaluation of the change from parallel delivery of mental health and substance abuse treatment to provision by a seamless, community-based single mental health/substance abuse services model delivered by cross-trained staff. These community-based services include mental health and substance abuse treatment services and are coordinated with existing community-based entities to create a single, seamless system of care. To achieve its goal, the grantee is bundling multiple funding streams; developing multiple sites; establishing rapid, accurate, and efficient communications; and cross-training staff. Three types of evaluations are being conducted: (1) process evaluation; (2) impact evaluation to assess the effects of the changes on the clients and program staff, as well as program cost; and (3) evaluation of treatment process and outcomes.

FY 2000 Funding $5,000,000 (Jointly funded by CMHS, CSAT)
FY 2001 Estimate $5,000,000 (Jointly funded by CMHS, CSAT)

HIV/AIDS Outreach (CSAT)

Background

Rates of HIV/AIDS remain high among people abusing drugs -- particularly those using injecting drugs. Of particular concern is the need to tailor outreach to special populations in a manner that is culturally aware and competent. This program supports community-based HIV/AIDS outreach programs in African-American, Hispanic/Latino, and other racial/ethnic minority communities with high rates of substance abuse and AIDS. In addition to outreach, the absence of coordinated services to respond to the complex interaction of substance abuse and HIV/AIDS is particularly striking in areas with significant populations of racial/ethnic minorities.

Goals and Objectives

This program is designed to develop community-based outreach projects to provide HIV counseling and testing services, health education and risk reduction information, access and referrals to testing for sexually transmitted disease (STD) and Tuberculosis (TB), substance abuse treatment, primary care, and mental and physical health care for those with HIV/AIDS. It promotes behavioral transition and change among injecting drug users (IDUs) and other drug users with respect to risk exposures to HIV infection, STDs, TB, and hepatitis. The program also works to increase the number of substance abusers of racial/ethnic minority backgrounds living in high AIDS case-rate areas who enter treatment.

Program Activity

Grants are made only to applicants in Metropolitan Statistical Areas with an annual AIDS case rate of 20 per 100,000 individuals and to States with an AIDS case rate of 10 per 100,000. Twenty-five awards were made in FY 1999 and continued in FY 2000. Program grantees develop outreach program strategies to target women who are IDUs; the sexual partners of injection drug users; sex workers or women who exchange sex for drugs; male injection drug users and their needle sharing partners; men who have sex with men, including those who also inject drugs; and adolescents. Projects formulate an overall outreach strategy with specific interventions and their anticipated effects on behavior change in the targeted population(s). Projects: (1) provide community-based outreach services to encourage entry and facilitate access to substance abuse treatment; (2) offer HIV/AIDS risk-reduction interventions; (3) make available medical diagnostic testing and screening for HIV, STDs, (e.g., syphilis, gonorrhea, chlamydia), and TB; and (4) provide linkages and follow-up primary medical care, mental health and social services, as well as other ways to encourage behavior changes that are most likely to decrease the risk of acquiring or transmitting HIV, STDs, TB, hepatitis B and C, and related diseases.

As of the third quarter of FY 2000 – the first operating year of the program – over 89,560 clients had been engaged. All of the 25 first-year grantees are serving clients, with enrollment consistent with projections. All grantees have established evaluation plans and are collecting data.

FY 2000 Funding $9,556,200 ($7.0 million of total funding provided by HHS)
FY 2001 Estimate $9,556,200 ($7.0 million of total funding provided by HHS)

HIV Services Integration Planning (CSAT)

Background

Because Substance Abuse Prevention and Treatment Block Grant funds typically provide operational support to maintain baseline services nationwide, these funds are difficult to redirect rapidly to meet unanticipated or emerging demands for specific treatments in particular areas of the country. The historic under-representation of certain racial and ethnic groups among substance abuse providers and in client populations further compounds the difficulty. Identified gaps between demand treatment services and their availability have served as a barrier between African American, Hispanic/Latino, and other ethnic and racial minority populations of substance abusers and the substance abuse treatment and related HIV/AIDS services they may need. Specific subpopulations particularly at-risk include women and their children, adolescents (ages 12-19), men who inject drugs, and men who both have sex with men and inject drugs. The difficulties are further compounded by the absence of integrated approaches to care.

Goals and Objectives

To describe how organizations and agencies should work together to deliver integrated substance abuse treatment, HIV/AIDS prevention and treatment, mental health, primary care and public health services for targeted populations at highest risk for substance abuse and HIV, including African American and Latino/Hispanic populations.

Program Activity

One-year grants totaling $900,000 were awarded to six government jurisdictions to help them work hand-in-hand with local and state organizations and agencies to design the best possible integrated system of care combining HIV/AIDS prevention and treatment, substance abuse treatment, mental health, primary care, and public health in minority communities.

FY 2000 Funding $900,000
FY 2001 Estimate Program complete

Identifying Effective Models to Treat Co-Occurring Substance Abuse and Mental Illness (CSAT) (with CMHS)

Background

People with dual diagnoses of mental and substance abuse disorders tend to have more severe symptoms and greater impairment than do people with either disorder alone. Not surprisingly, the range of health-related problems, treatment needs, disabilities, and cost are greater for people with co-occurring mental and addictive disorders than for people with only one of these illnesses. The greater personal and economic burdens of untreated or insufficiently treated dual disease also may result in unemployment, homelessness, and involvement with the criminal justice system.

Goals and Objectives

The goal of this new FY 2000 program is to identify, implement, and evaluate treatment models for people with co-occurring addictive and mental disorders who are being served by the substance abuse treatment community. In this way, SAMHSA can identify state-of-the-art best practices to meet the needs of Americans experiencing both mental illness and a substance abuse disorder.

Program Activity

A new KDA program in FY 2000, this program focused on people with dual diagnoses of mental and substance abuse disorders will identify, implement, and evaluate treatment models for people with co-occurring addictive and mental disorders who are being served by the substance abuse treatment community. Each model will be assessed for its effectiveness when evaluated for client outcome and cost. The most promising models will be made available for replication around the country.

The grant program – with 10 awards of between $300,000 - $400,000 each – is targeting populations such as adolescents; persons under criminal justice supervision; persons residing in rural areas or living alone; and triply-diagnosed persons who are also living with HIV/AIDS, a physical or sensory impairment, or a chronic disease. Other target populations include the elderly, lesbian or gay persons, homeless individuals or families, people with cultural backgrounds that need to be accommodated, and patients with particularly challenging co-occurring conditions.

FY 2000 Funding	$3,900,000
FY 2001 Estimate	$3,900,000

Managed Care–Adolescents (CSAT)

Background

The ever-increasing number and needs of adolescent substance abusers argue strongly that managed providers appropriately amend their services to meet the growing needs of this significant population trend. Managed care organizations typically have limited experience with adolescents beyond well-child care. Similarly, little information addresses the provision of early intervention services, habilitation and rehabilitation services, or "wrap around" services for adolescents under managed care arrangements, or the relationship of the juvenile justice system to managed care plans.

Goals and Objectives

The goals of this program are to –

- Study the impact of managed care on utilization, outcomes, and costs for substance abuse treatment of adolescents, and to disseminate these findings broadly within the substance abuse and managed care fields;

- Examine specific impacts within sub-populations such as racial and ethnic minorities and adolescents involved with the criminal justice system, and their access to services and outcomes under managed care treatment systems; and

- Share study results with managed care and substance abuse professionals and stakeholders in order to expand the capacity of managed care entities to appropriately expand their capacity to effectively treat the growing number of adolescents with substance abuse problems.

Program Activity

The Managed Care for Adolescents study examined the effects on cost, utilization, and outcomes of different models of managed care on adolescents with substance abuse problems.

FY 2000 Funding	$300,000
FY 2001 Estimate	Program completed

Marijuana–Adolescents (CSAT)

Background

Studies have found that cannabis use is rising among high school students after a steady decline from peak levels in 1979. No consensus has been reached within the scientific or clinical treatment communities regarding the type or intensity of treatment that is optimally effective for youth. This program follows up on a study of interventions for marijuana use in adults.

Goals and Objectives

This grant initiative examines the effectiveness of treatment for marijuana-dependent youth. Its aims are to –

- Test the effectiveness and cost effectiveness of a variety of interventions targeted at reducing/eliminating marijuana abuse and dependency in adolescents; and

- Provide validated models of these interventions to the treatment field.

Program Activity

Cannabis Youth Treatment (CYT) has been comparing five promising approaches that vary in their orientation, duration, mode of delivery, and costs: (1) Motivational enhancement therapy and cognitive behavioral therapy (MET/CBT) for five sessions; (2) MET/CBT for 12 sessions; (3) MET/CBT plus a family support network for 12 weeks; (4) Adolescent reinforcement approach for 12 weeks; and/or (5) Multidimensional family therapy.

CSAT funded five competitive grants (one Coordinating Center and four Clinical Research Units) in FY 1997. Grants were awarded for three years. In untreated adolescents, marijuana use typically accelerates until age 20, with outpatient treatment only reducing or leveling the slope of increasing use. Preliminary data from this program show actual reductions in use for all tested models. Final results will address the comparative effectiveness of the various models. Additional information regarding CYT is available via the Internet (http://chestnut.org/li).

FY 2000 Funding	$75,000
FY 2001 Estimate	Program complete

Methamphetamine Treatment (CSAT)

Background

The literature on the clinical course of methamphetamine addiction, the sequelae of chronic methamphetamine use, the nature of the interaction of patients with the treatment system and the outcome of treatment is sparse.

Goals and Objectives

The goals of this program are to –

- Generate knowledge regarding how a specific, new, comprehensive treatment protocol can be transferred effectively to community drug treatment systems around the country; and

- Test the existing treatment protocols at the individual sites.

Program Activity

The CSAT Methamphetamine Treatment Program (MTP) collects data on methamphetamine abuse, its treatment and the treatment outcomes of this study and publishes the results.

This program itself is a multi-site initiative to study the treatment of methamphetamine dependence. The target population is methamphetamine-dependent adults (18+). Individual study sites focus on women, gay men, American Indians, Asian Americans and Pacific Islanders, Hispanics, Drug Court clients, and residents of rural areas. Seven study sites and a coordinating center are supported. A Steering Committee makes decisions about design, common data measures, quality control, analysis, and policies and procedures regarding publications. Results to be tracked include client employment, permanent housing, reductions in criminal justice involvement, and reduced or eliminated substance abuse. Baselines have been established. Additional information regarding MTP is available on the Internet at <www.methamphetamine.org>.

FY 2000 Funding $2,975,240
FY 2001 Estimate Program completed

National Center for Co-Occurring Disorders and Justice (CSAT) (with CMHS)

Background

Through the Criminal Justice Diversion of Individuals with Co-occurring Mental Health and Substance Abuse Disorders program, CSAT and CMHS have been able to initiate systematic changes in the field of criminal justice and mental health. While a number of states have already adopted some of these new and novel diversion practices, greater use of these new evidence-based practices is warranted. The results of this program need to be more broadly disseminated, the structure and content made available to interested organizations, states and localities.

Goals and Objectives

The Program's goal is support the implementation of effective, integrated treatment interventions for youth with serious emotional disturbances and substance abuse, and adults diagnosed with both mental illness and substance abuse disorders, all of whom are also involved with the justice system. The objective is to provide, at both the community and national levels, information and technical assistance that enable professionals and organizations to improve service delivery within systems, and to effect system change, where needed..

Program Activity

Undertaken by CSAT in collaboration with CMHS and the Department of Justice, the National Center is moving the knowledge and best practices gleaned from the Criminal Justice Diversion KDA program to communities around the country for adoption. Activities undertaken throughout this project build on prior work and current activities underway in the field. Activities place particular emphasis on interventions for youth.

FY 2000 Funding $1,100,000 (Jointly funded by CMHS, CSAT)
FY 2001 Estimate $1,100,000 (Jointly funded by CMHS, CSAT)

National Leadership Institute (CSAT)

Background

In recent years, community-based organizations (CBOs) providing substance abuse treatment services have been besieged by changes with far-reaching impact on both the fidelity of programs and the availability of a range of low-cost, effective treatment services. These changes encompass shifts in the mechanisms of financial support (from grants to client-focused reimbursement systems such as capitation); the emergence of managed care provider organizations in the behavioral health services arena; the introduction of performance standards and outcome measures; and the enactment of legislative agenda (e.g., TANF, SCHIP) that introduce additional purchasers and potential markets.

Goals and Objectives

The purpose of this program is to transfer business and management knowledge and best practices in the field to CBOs that are providing substance abuse treatment services.

Program Activity

The program applies a wide range of technical assistance technologies and strategies, including comprehensive assessment of organizational strengths, business practices, and market challenges; long-term consultation involving a team of experts and peer mentors; development and dissemination of materials on specific business and marketing topics; application of existing CSAT business products and tools; and intensive training.

The National Leadership Institute (NLI) was launched in September 27, 1997, as part of CSAT's national Knowledge Development and Application program. Through the NLI, CBOs access technical assistance that enhances their success in meeting these challenges; assistance includes working with CBOs to build and create new market niches, to take a proactive posture on managing waves of changes, and to build relationships with purchasers of services.

Programs serving special populations have been particularly hard hit by funding and market changes, and are a major focus of NLI's work. The NLI has exceeded the FY 2000 target of 110 community-based organizations served by serving 163 CBOs. In addition, baseline data show generally positive assessments of treatment program capacities following the technical assistance. Additionally information about the NLI is available from the NLI Resource Facilitator at <www.nli4cbos.org>

FY 2000 Funding $3,381,576
FY 2001 Estimate Program complete

Practice/Research Collaborative (CSAT)

Background

Knowledge exchange is one of the most critical elements in efforts to move best practices in addictions treatment to community programs working on the front lines of substance abuse interventions. This program – designed, in part, to achieve this goal – supports the development of collaborations among a broad spectrum of substance abuse treatment organizations (including, but not limited to, community-based treatment organizations, units of government, colleges, universities, and other public research entities. These collaborative ventures have been titled CSAT Practice/Research Collaboratives (PRCs).

Goals and Objectives

The program goal is to improve the quality of substance abuse treatment by increasing interaction and knowledge exchange between the research community, the drug and alcohol treatment community, and policy makers at local, State, and Federal levels.

A secondary purpose is to increase the pool of communities and community-based treatment organizations that are able to be effective participants in federally-funded research efforts. Finally, over time, the research and evaluation studies fostered by PRCs will make significant contributions to the field's knowledge and understanding about substance abuse treatment practices.

Program Activity

This program is being conducted in two phases. Phase I support is available for a period of 15 months to recruit network membership and implement the operational model proposed for the PRC in the application. After 12 months of operation, grantees may submit applications for Phase II support. This two additional years of funding under Phase II was designed to help assure the solidity and continued life of the PRC. In FY 1999, nine grants were made for Phase I activities to programs across the country. In FY 2000, funding was made available to seven of the original nine grantees to enable them to implement the network-developed plan, thus focusing on the highest priority needs for both research and knowledge application. In addition, two new grantees received developmental funding in FY 2000. Results to be tracked include the number of events or activities undertaken to exchange information and stakeholder satisfaction with the activities.

FY 2000 Funding $3,155,482
FY 2001 Estimate $3,200,000

Public Information and Education (CSAT)

Background

CSAT's Office of Communications and External Liaison supports the Center's mission to improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective, addiction treatment, thus lowering health and social costs to our communities and to the Nation.

Goals and Objectives

- Make key information about CSAT and its programs available to print and electronic media, acting both proactively and in response to inquiries.

- Develop and implement public education campaigns – including Department-related initiatives, such as the Secretary's Hispanic Initiative – to increase understanding about substance abuse and to diminish negative public perceptions about people needing or seeking treatment;

- Support National and regional programs and activities designed to reducing negative public perceptions about substance abuse treatment and consumers of these services.

Program Activities

CSAT coordinates, plans, and executes *National Alcohol and Drug Addiction Recovery Month* activities observed each September. In FY 2000, CSAT, the treatment community and national partners sponsored 16 City-Community Forums. PSAs, in English and Spanish and for radio and TV, were developed and distributed. Fifty thousand kits, *Recovering our Future: One Youth at a Time*, were developed and mailed. Also this year, a national teleconference, radio tours, and web-chats were added to the Recovery Month activities.

In support of the Secretary's Hispanic Initiative, the Office developed Spanish-language print and broadcast products to educate Hispanics about substance abuse treatment and addiction issues, including both radio spots and four- to seven-day series targeted alcohol abusing adults and under-age drinking.

CSAT also supports, promotes and shares in the development of *The Alliance Project,* a national public awareness project to educate the Nation and to lead the development of a more enlightened approach to the reduction of the Nation's substance abuse problem

Finally, CSAT disseminates information about substance abuse treatment programs and public education print materials through its National Helpline, 1-800-622-HELP, through CSAT exhibits at national and regional conferences and workshops, and through the continuous improvement and maintenance of the CSAT Web page and related Internet sites.

FY 2000 Funding $1,936,230
FY 2001 Estimate $2,000,000

Recovery Community Support Program (CSAT)

Background

Among the factors contributing to the relatively low level of consumer involvement in formal substance abuse service program development has been the historical parallel creation of efficacious, self-help groups. In contrast to the more formal service system, these self-help groups have traditions of anonymity, non-affiliation, and attraction. Consumer participation in formal services programs often requires self-identification, a practice with many disincentives in the area of substance abuse treatment. Simply, the illegality of many abused substances coupled with the stigma associated with such abuse have dissuaded many individuals in recovery from self-identification. These barriers to participation can be surmounted by assuring individuals in recovery, significant others, and their family members a united voice.

This program fosters participation of persons in recovery, their families, and other allies in the development of substance abuse treatment policies, programs, and quality assurance activities at the State, regional, and local levels.

Goals and Objectives

The goals of this program are to –

- Empower recovery organizations to participate in the planning, delivery, and evaluation of substance abuse policies and services, so that services become increasingly consumer-driven and responsive to consumer needs;

- Promote linkages between recovery organizations, persons from self-help programs, and family support groups, and to facilitate linkages between such individuals/organizations and formal delivery systems; reduce stigma associated with substance abuse; and foster financial self-sufficiency and independence of recovery organizations (transition from Federal grant funding to other public and private resources) over the term of the Federal grant.

Program Activity

The program is a formal, systematic effort to reach out to and build the capacity of consumers of substance abuse treatment services and their families. As consumers become more vocal in expressing their unique perspectives and insights, treatment policies and systems should become more responsive to consumer needs and of generally enhanced quality. During the grant's final year, each project will submit a case study to document significant learnings as well as insights that can be shared with the field. Fourteen awards made nationwide in FY 1999 have just completed their second year of funded activity. Additional information about RCSP is available on the Internet at <www.treatment.org/topics/rcsp.htm>.

FY 2000 Funding	$3,677,937
FY 2001 Estimate	$4,000,000

Residential Women and Children/ Pregnant and Postpartum Women (CSAT)

Background

Scientific evidence indicates that substance abusing women and their children, particularly those living at or near the poverty line, are among the most vulnerable populations to be at risk for disease, dysfunction, and death. The national treatment infrastructure has not kept pace with the demand or complexity of needs experienced by this population. Therapeutic interventions are needed for children who have been exposed prenatally to alcohol and other drugs, and/or as a result of environmental exposure to alcohol and other drugs. The women and the children are also at risk for HIV/AIDS. Histories of physical violence, sexual abuse, and psychiatric disorders are found among many of the women and their children have been impacted by abuse and neglect. Among the other needs of the women that must be met are safe and affordable housing.

Goals & Objectives

The goals of this program are to –

- Implement effective substance abuse treatment approaches for women that build on state-of-the-art practical knowledge and research findings; and

- Develop documented models of effective service delivery that can be replicated in similar communities.

The program also promotes drug education for children in an effort to help them build self-esteem, increase understanding and knowledge of chemical dependency as a disease, and establish a positive peer support network.

Program Activity

To accomplish treatment goals, residents participate in addiction therapy, self-help group, parenting experiential groups, case management, group and individual counseling, nutrition education, daily living skills, relapse prevention, improved employment status by obtaining their GED, mother/child groups, and spirituality. All residents received a complete medical and physical examination to identify possible medical problems that would have otherwise gone undetected.

Program accomplishments to date include a positive impact on the women's self esteem and greater numbers of full-time employment, education or job training among participants. The women also demonstrated improved parenting skills and some were reunited with their children. Children residing with their mothers demonstrated improved school attendance and/or performance. The Residential Women and Children Program ended in FY 1999; however, the Pregnant and Postpartum Women Program was continued in FY 2000 under the auspices of the Targeted Capacity Expansion Program.

FY 2000 Funding $7,400,000 (Funding is included in the TCE Program.)
FY 2001 Estimate $7,400,000 (Funding is included in the TCE Program, part of the Programs of Regional and National Significance)

Treatment Improvement Protocols (CSAT)

Background

One of the most significant challenges to the substance abuse treatment field is knowing what works for whom and under what circumstances. Few opportunities exist for local programs to share knowledge or for leaders in the field to help assess what constitutes a "best practice" for a particular population affected by a specific substance of abuse. Moreover, the scientific literature is broad and diverse. When those engaged in substance abuse treatment have the time to assess the current literature, it becomes difficult to identify which of the new directions is most likely to become tomorrow's gold standard in treatment effectiveness.

Goals and Objectives

The Treatment Improvement Protocols (TIPS) program has been designed to separate the wheat from the chaff in substance abuse treatment interventions, drawing on the experience and knowledge of clinical, research, and administrative experts in the particular field under study. The goal is to delineate the state of the art in community-based care on a defined topic in substance abuse treatment, to develop a "best practice" guideline, and to disseminate that document widely to the field – as its title implies – to improve treatment of substance abuse disorders nationwide.

Program Activities

A TIPs editorial advisory board – a group of substance sue experts and professionals in such related fields as primary care, mental health, social services, among others – works with State Alcohol and Other Drug Abuse Directors to generate topics for the TIPs based on current information needs and available new guidance. Each individual TIP is then the subject of a consensus-driven process, engaging non-Federal experts who have been nominated by their peers in the delineation of the protocols to be set forth on a particular topic. The process is multi-layered, with checks and balances during the deliberative as well as the editorial processes. Each TIP includes an evidence base for the recommended practices; each conveys "front line" information both responsibly and rapidly.

The TIPs program represents a significant effort to bring national leaders together to improve substance abuse disorder treatment in the US. To date, over 36 separate TIPs have been published and disseminated. TIPS are assessed according to the number of TIPS and secondary products developed; user satisfaction with the products; and the degree to which the products met an identified need.

CSAT's TIPSs are available on line through the Health Assessment Technology Text at the National Library of Medicine, National Institutes of Health (. Several of CSAT's TIPs are also available through the National Guidelines Clearinghouse (http://www.guidelines.gov).

FY 2000 Funding	Publication of TIPs is included in CSAT's Knowledge Application Program
FY 2001 Estimate	Publication of TIPs is included in CSAT's Knowledge Application Program

Treatment Outcome Performance Pilot Study Enhancement (TOPPS II) (CSAT)

Background

Single State Authorities are facing tough questions from Federal, State, and local policy makers and community leaders about the performance and functioning of substance abuse treatment programs. Stakeholders in publicly-funded treatment systems are now requesting improved monitoring of outcomes and other aspects of program performance. With this focus on performance and outcome measures, States are attempting to develop more extensive systematic and standardized information on which to evaluate the performance of treatment providers with whom they contract. A panel of performance standard experts concluded that far more developmental work is needed to adapt, refine or expand existing data systems to make them comparable for performance measurement that can clearly demonstrate the complex causal links between program processes and outcomes.

Goals and Objectives

This program is developing a standardized approach to systematically measure the performance of the Substance Abuse Prevention and Treatment (SAPT) Block Grant-funded programs and the treatment outcomes of clients as they progress through the State substance abuse treatment system. To that end, it supports States in the development of Outcomes Monitoring Systems and refinement of Management Information Systems that measure performance and outcomes for substance abuse treatment. This program supports inter-State, consensus-based decision making regarding the development of standardized alcohol and illicit drug treatment performance and outcome measures.

Program Activity

The pilot study that includes 19 states across the country, has four phases: (1) planning and coordination; (2) development; (3) implementation; and (4) analysis/dissemination. Through the TOPPS II effort, each of the States reached agreement on and implemented a set of outcome measures for the SAPT Block grant program. Data are now being collected. Additional information about TOPPS II is available at the SAMHSA web site on the Internet at <www.samhsa.gov/csat/topps2>. TOPPS III is proposed for FY 2001.

FY 2000 Funding	$9,007,507
FY 2001 Estimate	$9,000,000

Welfare-To-Work (CSAT)

Background

A collaborative ongoing effort supported by the Robert Wood Johnson Foundation, the Casey Family Program, and the Center for Substance Abuse Treatment, this project is being carried out by the National Center for Addiction and Substance Abuse (CASA) at Columbia University. The program offers an array of ancillary services needed by substance-using women: gender-specific substance abuse treatment services, services delivered in the context of a "healing" organizational culture, and intensive case management.

Goals and Objectives

This project is designed to study the efficacy of a substance abuse treatment and employment training model to help low income women become job ready, substance free, healthy ,and better parents.

Program Activity

The study design has three phases:

- *Planning*: This phase allowed the grantee to (a) conduct an extensive review of literature in three topical areas: substance abuse treatment for women, employment and training, and welfare to work; (b) conduct focus groups with welfare recipients in treatment in three States; (c) establish and convene an Advisory Board of experts in the field of welfare, substance abuse treatment, and employment and training; (d) design a national multi-site research and demonstration program model; (e) draft a manual for practitioners describing the new model; (f) set standards and measures to determine whether those standards are achieved; (g) conduct a study of employers' attitudes towards and experiences with welfare women who are both recipients and substance abusers; and (h) develop and submit a proposal for the operational phase of the project.

- *Implementation* includes: (a) screening, assessment, and recruitment of study participants; (b) provide ongoing training for study site staff; (c) treat/train study participants; (d) provide ongoing monitoring of sites; and (e) ensure documentation, data collection, and analysis of the Welfare-to-Work model.

- *Evaluation* of the program's impact will be conducted using a randomized control group design. This phase will be undertaken in a subset of the field sites having a total sample size sufficient to test the significance of the model.

FY 2000 Funding $300,000
FY 2001 Estimate Program complete

Women, Co-Occurring Disorders, and Violence (CSAT) (with CMHS and CSAP)

Background

Women with both mental illness and substance abuse disorders face numerous obstacles to treatment for these dual problems. Co-existing substance and mental disorders in women are further complicated by the impact of violence on these women. More often than not, these women also have children who have witnessed family violence or sexual abuse, and/or have been abused or neglected themselves. Without effective intervention, the damaging results of coexisting substance abuse and mental disorders will persist and have enduring consequences on both the affected women and their children. Unfortunately, current systems are not designed, and most often are not prepared, to address the problems of co-occurring disorders in women nor the associated violence in their lives and the lives of their children. New treatment strategies are urgently needed; moreover, they must be designed for female victims of violence with addictive and mental health disorders and their children within a comprehensive system of care that integrates elements of substance abuse, mental health and trauma provider systems. Consumer/recovering person orientation and participation in developing standards of care is critical for this population.

Goals and Objectives

The primary goal of this program is the generation and application of empirical knowledge about the development of an integrated services approach, and the effectiveness of this approach, including the appropriate blend of services intervention, for women with co-occurring disorders and their dependent children.

Program Activity

This two-phase study is measuring and evaluating client and service system changes during and after the development and course of services interventions. This study targets women, age 18 and above, with co-occurring disorders, who have histories of physical and/or sexual abuse, and who are "high-end users" (who have experienced at lease two treatment episodes within either substance abuse or mental health systems). If the targeted women are mothers, their dependent children also are included in the target population. Fourteen awards (including a coordinating center for the project) were made for Phase I.

The extent to which client outcomes are linked to both the integrated services approach and to specific trauma interventions, is being measured by quantitative services and client outcome measures in Phase Two. In addition, cost of services and cost-effectiveness are included in the evaluation. A total of nine grantees were awarded their third year of funding in FY 2000. Additionally, five of the grantees were awarded $200,000 each to conduct a sub-set of the study focusing on children. Phase Two of the project – a three-year endeavor – began in FY 2001. Results to be tracked include the number of clients served and outcomes such as employment, permanent housing, reduced criminal justice involvement and reduced substance abuse.

FY 2000 Funding $9,010,000
FY 2001 Estimate $9,010,000

Center for Mental Health Services
Knowledge Development and Application

Background

Through KDAs, CMHS is able to highlight the most effective service delivery practices for a broad range of service need population groups. *Knowledge development* programs span specific mental health issues, genders, ages, geographic areas and racial and ethnic populations. They identify, test, and evaluate cross-system service models to reach populations experiencing serious mental illnesses and those at risk of these illnesses**.** As this new knowledge about best practices is gained, knowledge development transforms into *knowledge application*, which discovers new ways to synthesize and disseminate comprehensive information about the newly identified best practices in selected topic areas.

Goals and Objectives

CMHS's Knowledge Development and Application (KDA) program focuses directly on the identification, evaluation and dissemination of best practices in mental health service programs by promoting the continuous improvement of community-level service delivery systems for children and adults with serious mental health problems.

Program Activity

Through KDA, CMHS is helping States and communities address some of the most challenging issues facing the field. For example:

- Expansion of violence in schools and community action grant programs;
- A resilience and recovery initiative to enhance capacity to prevent, minimize or overcome trauma and adversity;
- An initiative to respond to the behavioral and psychosocial consequences of bioterrorism;
- A youth transition initiative to develop, implement, and assess strategies to better link child and adult systems of mental health care for youth with serious emotional disturbances;
- Adoption of best practices in: consumer and family networking; community action grants for service system change; a strategic change program linking States and communities; expanded employment interventions; enhance suicide prevention initiatives;
- A program to bridge the gap between knowledge and practice in the area of brief treatment interventions to complement current activities in support service areas.

FY 2000 Funding $136,875,000
FY 2001 Estimate Part of $203,674,000 appropriation for Programs of Regional and National Significance

Adult Consumer/Consumer-Supporter Statewide Networking Grants (CMHS)

Background

Mental health consumer and consumer-supporter networks represent hundreds of dedicated organizations whose membership–consumers, parents, grandparents, siblings, spouses and significant others, friends, co-workers, and neighbors–is working collectively to create a supportive environment for someone coping with serious mental illness. These organizations create hope and real opportunities for consumers of mental health services to live meaningful lives as independently as possible in a community of their choice. SAMHSA's Consumer/Consumer-Supporter Network Grants ensure that these organizations receive the support that they need to continue influencing the quality of life issues for mental health consumers.

Goals and Objectives

The purpose of this Center for Mental Health Services program is to increase the capacity of statewide consumer and consumer supporter networks to participate in the development of policies, programs, and quality assurance activities related to mental health by strengthening coalitions among the respective organizations and providing support to fortify the infrastructures of these groups. The specific goals are to –

- Strengthen organizational relationships by improving collaboration among consumers, families, advocates, networks, and coalitions dedicated to empowering consumers to participate in State and local mental health service-planning and health care reform policy activities;

- Foster leadership and management skills with an emphasis on leadership, business and management; promote financial self-sufficiency of consumer and/or consumer supporter organizations over the term of the Federal grant;

- Identify technical assistance needs for consumer and consumer supporter organizations and implement a strategy to meet those needs.

Program Activity

In FY 1999, CMHS funded 30 grant recipients, each today in its last of three years of funding under this announcement. The average award ranged from $40,000 to $60,000 for both statewide consumer organizations and statewide consumer-supporter organizations. No more than two awards have been made to any one State: one award for a consumer organization and one for a consumer-supporter organization.

FY 2000 Funding $1,683,463
FY 2001 Estimate $1,700,000

Aging, Mental Health/Substance Abuse and Primary Care (CMHS) (with CSAT and CSAP)

Background

This grant program is a collaboration among SAMHSA, the Health Resources and Services Administration, the Health Care Financing Administration, and the Department of Veterans Affairs. These entities recognize that older adults are the fastest-growing vulnerable population with mental health and/or substance abuse disorders. This population generally does not seek services through specialty providers; rather they tend to receive these services in primary care settings. As a result, the need to better integrate mental health screening, assessment, and basic clinical interventions with primary health care delivery is one of the most pressing service system issues for elderly Americans with mental and addictive disorders.

Goals and Objectives

- Identify, document, and compare service models and financing mechanisms that provide older adults with mental health/substance abuse services within the primary care setting
- Identify the best screening/assessment and outcome instruments and methods to be used in primary care settings for older adults with mental health/substance abuse problems
- Measure the relative effectiveness of these models on service utilization, individual physical and mental outcomes, and system outcomes

Outcome differences between models using a referral approach to specialty mental health/substance abuse services and those using an integrated approach by providing services within the primary care setting itself will help inform future best practices in this area. The lessons learned from the projects will be disseminated widely and continuously to the field.

Program Activity

The program includes 11 study sites (6 SAMHSA-supported; 5-VA supported) and a coordinating center. Each site is comparing and assessing the two foregoing methods of mental health/substance abuse service delivery to older adults being treated in a primary care setting. The project takes a two-phase approach. Phase I grantees planned a detailed process and outcome study evaluation, involving pooled data across each of the 11 sites. That work continues through FY 2001. Phase II, also now ongoing, involves implementation of the outcome study, analysis of study results, and, ultimately dissemination of those results. During Phase II, sites will develop detailed manuals that document the essential components of services the study participants received in each of the integrated and referral arms of the study. Phase II also continues through FY 2001. The Aging Coordinating Center will continue its activities through FY 2002.

FY 2000 Funding $3,940,064 (Jointly funded by CMHS, CSAT, and CSAP)
FY 2001 Estimate $4,000,000 (Jointly funded by CMHS, CSAT, and CSAP)

Circles of Care Grants: Children's Services (CMHS)

Background

A multi-agency collaboration among SAMHSA's Center for Mental Health Services, the Indian Health Service, the National Institute of Mental Health, and the Department of Justice's Office of Juvenile Justice, the Circles of Care program provides grants to nine tribal and urban Indian programs to plan and evaluate culturally appropriate systems of mental health care for American Indian/Alaska Native children, adolescents, and their families.

Goals and Objectives

The aim of the KDA is to support the development of mental health service delivery models designed by American Indian/Alaska Native communities to achieve outcomes for their children that they choose for themselves. Formulation and evaluation of programs based directly on the needs, values, and principles of the grantee organizations provide an information base for other programs interested in designing culturally relevant children's mental health service systems.

Program Activity

The program initiative – with 9 grantees in FY 1999 – was designed by a team of tribal leaders and providers; technical assistance is being provided to grantee organizations by the National Center on American Indian and Alaska Native Research, and the National Indian Child Welfare Association. The three-year projects are in the final year of implementation; while it is too early in the program to discuss findings, the focus on Native American children and their families is critical. The program also has established "laboratories" to enable culturally distinctive communities to establish their own outcome expectations for the treatment of their children, a cornerstone of the commitment of both CMHS and the Administration to culturally competent, relevant mental health and substance abuse treatment programs in the United States.

FY 2000 Funding	$3,100,000
FY 2001 Estimate	$2,400,000

Community Action Grants–I and II (CMHS)

Background

The CMHS Community Action Grant Program is a two-phase program that promotes the integration of exemplary mental health service delivery practices into local communities across the nation. In Phase I, local sponsors identify effective mental health models, adapt them to meet community needs, and reach agreement to implement the models in their service systems of care. In phase II, these models are implemented and supported by local funding. This CMHS program has been adopted by the Center for Substance Abuse Treatment as part of its "application" efforts within CSAT's Knowledge Development and Application activities.

Goals and Objectives

The Community Action Grants Program –

- Builds community-based consensus for adoption of identified exemplary mental health service delivery practices, and provides technical assistance to spur adoption into practice

- Synthesizes and disseminates new knowledge about effective approaches to the provision of comprehensive community-based services to persons with serious mental illnesses.

Program Activity

The CMHS Community Action Grant Program, now in its fifth year, made funds available to 36 grantees in FY 2000 to support local adoption of exemplary service delivery practices for children with serious emotional disturbances (SED) and adults with serious mental illness (and, in some cases, co-occurring substance abuse). Among the practices being implemented around the country are integrated mental health and substance abuse services; assertive community treatment (ACT) services; supported employment; and "wraparound" services for children with SED.

In FY 1998 and1999, a SAMHSA-wide special priority initiative focused on Hispanic communities and exemplary practices for Hispanic adults and adolescents with mental illness and/or substance abuse problems. In FY 2000, the special priority initiative included both Hispanic and Native American/Alaska Native communities. From no consensus within or across communities about exemplary practices when the program began, the 90 percent consensus measured in FY 1999 exceeded the target.

In FY 2001, approximately 25 Phase I and 10 Phase II awards are anticipated, and will include a special priority initiative for African Americans, American Indian/Alaska Natives, Asian Americans/Pacific Islanders, and Hispanic Americans.

FY 2000 Funding $4,589,002
FY 2001 Estimate $5,500,000

Community Assessment and Intervention Center (CMHS) (with CSAT, CSAP)

Background

When an individual is experiencing both a mental disorder and substance abuse, the need for integrated community services becomes paramount. This is particularly true for adolescents already diagnosed with mental illness, for whom a 5-7 year window of opportunity exists to prevent long-term substance abuse. Models for such integrated approaches to co-occurring mental and addictive disorders – particularly for youth – need to be assessed and evaluated for effectiveness and applicability in other locations across the country.

Goals and Objectives

The purpose of the program is to provide and track/evaluate the effectiveness and appropriateness of utilizing a single point of entry for the referral of youth in four Florida localities who have substance abuse, mental health and/or behavioral problems.

Program Activity

Four centers, separately serving Orlando, St. Petersburg, Sarasota, and Tallahassee, will provide immediate comprehensive assessments of youth with both mental illness and a substance abuse disorder. The program is designed to help families access appropriate, timely behavioral health services for their children, a process that can be daunting in light of the service fragmentation that exists in many communities. In addition, the project also supports creation of a management information system to track referrals, treatment plans and outcomes. A report outlining program implementation will help inform other communities seeking to implement a similar model.

FY 2000 Funding	$3,300,000
FY 2001 Estimate	$3,278,000

Consumer Technical Assistance Center Grants (CMHS)

Background

In order to respond appropriately to consumer and supporter needs, the evolution of the mental health consumer/survivor self-help movement must be understood and acknowledged. The movement began in its modern form approximately 25 years ago. These groups have expanded dramatically and continue to provide members with peer support, education, and training about services in the community and about the problems they face, and advocacy.

In 1977, the National Institute of Mental Health (NIMH) initiated the Community Support Program (CSP), a modestly funded demonstration program designed to stimulate and assist States and localities to improve opportunities and services for people with a severe mental illness.

To further the development of consumer involvement and self-help programs, CSP funded the first national self-help technical assistance centers in 1992 directed by and for mental health consumers.

Goals and Objectives

The goal of consumer and consumer-supported National technical assistance center grants is to provide technical assistance to consumers, families, and supporters of persons with mental illness in two specific areas:

- Explicit training and assistance designed to enhance the skills persons need to be effective participants in policy development, decision-making, and strategic planning, including development of leadership skills; and

- Technical support for the creation and maintenance of a communication network among consumers, families, and supporters that facilitates the flow of information and provides opportunities for sharing lessons learned and good advice among peers.

Program Activity

In FY 1997, this program created a number of technical assistance centers that serve as national resource centers for materials development and dissemination, training, skill development, interactive communication opportunities, networking, and other technical assistance activities designed to promote self-help approaches, recovery concepts, and empowerment. All these activities help to ensure success of State and local consumer and supporter programs. Assistance to supporters of consumers has been added to the Program in recognition of the important role persons who support and care for consumers can play in achieving consumer empowerment, productivity and recovery.

FY 2000 Funding	$1,820,000
FY 2001 Estimate	$1,600,000

Consumer-Operated Services Program (CMHS)

Background

The grant program was designed to gain reliable knowledge about the effectiveness of consumer-operated human service programs by assessing the extent to which these services – when combined with traditional mental health services – improve rehabilitation and recovery of individuals with serious mental illnesses. It also seeks to determine the extent to which participation in such services affect costs.

While consumer-operated service programs have been in existence for several decades, little formal evaluation has been conducted, particularly in the form of controlled, randomized studies. Types of consumer-operated services under study in this program include drop-in centers, education and advocacy, and vocational programs..

Goals and Objectives

- To establish the extent to which consumer-operated services, in combination with traditional mental health services, are effective in improving selected outcomes for consumers of mental health services.

- To create strong and productive partnerships among consumers, service providers, and services researchers that demonstrate how these groups can complement each other's strengths, yielding more effective service delivery models.

- To disseminate the knowledge gained about the effectiveness of these projects and the specific components that contributed to their success.

Program Activity

In FY 2000, CMHS made grants to seven study sites and a coordinating center to begin the third year of this four-year project. Selected consumer outcomes examined in an effort to assess whether consumer-operated services are effective include empowerment, housing, employment (such as transition from unemployment to employment), social inclusion, and satisfaction with services. These focal issues are being examined both in the individual study site evaluation and in the multi-site evaluation. Both individual sites and the Coordinating Center are also examining patterns of service using retrospective or prospective "claims" data. While individual study sites are providing the necessary information for the cost-study, a steering committee is developing a design and method for collecting and analyzing all information for the cost-study.

FY 2000 Funding $4,836,830
FY 2001 Estimate $5,000,000

Criminal Justice/ Jail Diversion Program (CMHS) (with CSAT)

Background

People with co-occurring serious mental illnesses and substance use or abuse disorders increasingly are finding themselves intertwined with the criminal justice system, a system ill-prepared to meet the complex and highly individualized health, mental health, and supportive service needs of these individuals. Increasingly, communities and states are seeking alternatives to incarceration for individuals with mental and/or substance abuse disorders, among them pre- and post-booking diversion. This joint CMHS and CSAT project is documenting and evaluating innovative jail diversion programs for adults with mental illness and substance use problems.

Goals and Objectives

The goal of this program is to discern whether pre- and/or post-booking diversion programs for people with co-occurring mental and addictive disorders who have had a criminal justice encounter can improve outcomes for these individuals across such domains as recidivism, time incarcerated, homelessness , use of emergency treatment, frequency of substance abuse, and participation in treatment.

Program Activity

With nine sites across the country and both a Technical Assistance Center (the GAINS Center) and a Coordinating Center, the Criminal Justice Diversion Program has worked to assess the effectiveness of pre-booking and post-booking models of criminal justice diversion by comparing outcomes for individuals with co-occurring disorders experiencing criminal justice encounters adjudicated without diversion and those diverted to community treatment. A multi-site evaluation is testing the relative effectiveness of different diversion models and synthesizing the intervention results at the Federal level. Outcomes to date have been significant, particularly at sites in New York, Tennessee, Hawaii, and Arizona. In Memphis, Tennessee, for example, the program has been so successful that more than 25 cities have expressed interest in replicating the program. Final data analysis and collection will occur through FY 2001.

FY 2000 Funding: $2,000,000
FY 2001 Estimate $3,300,000

Employment Intervention Demonstration Program (CMHS)

Background

The Employment Intervention Demonstration Program (EIDP) evaluates different models of employment supports and services for people with serious mental illnesses. The intent of the program is to ultimately help people with serious mental illnesses find and maintain employment by establishing best practices for support service entities.

Goals and Objectives

The goal of the EIDP program is to identify model interventions that achieve the best employment results for people with severe mental illnesses. It spans the gap between knowledge and practice in moving people with severe mental illnesses from joblessness to a permanent and meaningful place in the work world.

Program Activities

Seventeen programs in eight states across the country are being evaluated as part of this five-year demonstration program begun in 1995. Over 1600 people have been enrolled in the program, with each individual being followed for two years. Data collection is now complete; the Steering Committee is in the process of analyzing and preparing results of the evaluation for submission to CMHS.

Preliminary observations demonstrate that people with serious mental illness are employable. The productivity potential is evidence by the fact that participants earned over five million dollars in the first two years of participation in EIDP. They logged over 860,000 hours on the job; 55 percent who received services for 12 months remained employed. The longer participants received vocational support services, the more likely they were to become and remain employed.

The employment rate of participants rose from an FY 1995 baseline of 0 to 50 percent in FY 1998 and 51 percent in FY 1999. This compares with an average 1994-95 employment rate for people with severe disabilities of 26 percent. On average, 28 percent of EIDP participants were employed after 3 months, 40 percent after 6 months; 47 percent after 9 months; 51 percent after 12 months, and 56 percent after 18 months. Total hours worked by participants more than doubled between FY 1998 and FY 1999. Total dollars earned rose from $1.8 million in FY 1998 to $5.0 million in FY 2000.

FY 2000 Funding $700,000 (Supplements only)
FY 2001 Estimate $300,000 (continuation of coordinating center evaluation activities)

Farm Resource Center (CMHS)

Background

A significant portion of the adult population in the United States reports experiencing personal or emotional problems over the course of the year. Half of these people say they are unable to do anything to make their problems more bearable; yet few seek help. Thus, outreach services are important to engage more persons into appropriate services. The effects of economic stress are pervasive in rural areas; coal miners, farmers, and their families have been particularly hard hit. When outreach is carried out aggressively, these and other people can be engaged and empowered by fostering access to and providing them with mental health services.

Goals and Objectives

The project serves as a national demonstration for the development and implementation of outreach to rural families who either are experiencing mental illness or at risk of developing mental illnesses. The Farm Resource Center (FRC) will provide outreach services to coal miners, farmers, and their families in Illinois and West Virginia. The FRC's outreach activities are designed to ameliorate stress associated with unemployment in rural communities and to increase access to and utilization of mental health and substance abuse services.

Program Activity

The Farm Resource Center is providing mental health and substance abuse outreach services in rural Illinois to coal miners, farmers, and their families. It is providing direct counseling, has established and is maintaining a Statewide hotline, and is utilizing outreach counselors to work with rural families in their homes to address serious health problems such as depression, alcoholism, and domestic violence. The program serves as a model for working with individuals and the families of individuals who have been displaced, become unemployed, or are otherwise dislocated from their work environment.

The target population is often not engaged with the mental health and substance abuse service system due to lack of available services in rural areas, as well as the cultural values of the population, which often seeks to "tough out" mental health and substance abuse issues without seeking professional attention. FRC fills the gap in the service system by reaching out to populations in need and linking them with available community-based services. FRC provides outreach to coal miners, farmers, and their families using indigenous workers and an established Statewide hotline to address mental health issues such as financial stress, alcoholism and substance abuse, and domestic violence. Outreach, when carried out assertively can engage and empower coal miners, farmers, and their families by linking them to needed mental health and substance abuse services.

FY 2000 Funding $400,000 (Jointly funded by CMHS, CSAT, CSAP)
FY 2001 Estimate Program competed

HIV/AIDS Cost Study Grants (CMHS) (with CSAT)

Background

A growing body of evidence suggests that people multiply diagnosed with HIV/AIDS, mental illness and substance use disorders are least able to benefit from recent clinical advances in the treatment of these illnesses. Providers report that most of these individuals have difficulty engaging in recommended treatment and in adhering to treatment regimens. Moreover, multiply-diagnosed individuals also generate comparatively higher treatment costs than other people living with HIV/AIDS alone. This program is the first Federal effort to focus on people living with HIV/AIDS who also have diagnosable mental health and substance use disorders. Led by SAMHSA's CMHS, it is a collaboration among six HHS components, also including SAMHSA's Center for Substance Abuse Treatment, the Health Resources and Services Administration's HIV/AIDS Bureau, the National Institutes of Health's National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse.

Goals and Objectives

The HIV/AIDS Cost Study is designed to –

- Determine the impact of integrated treatment models on treatment access, service utilization and outcomes;
- Compare "care-as-usual" in eight local settings with the interventions provided by eight study sites to help determine the most promising practices as measured by outcome data for people with multiple diagnoses;
- Determine the best methods to achieve treatment adherence to complex medication and treatment requirements as a way to improve the overall health and mental health status of people with multiple diagnoses, and to decrease utilization of more costly emergency room and inpatient care; and
- Identify consumer service utilization and provide accurate cost data for all study sites in order to determine cost-effective interventions.

Program Activity

This grant program supported eight study sites and one coordinating center in FY 1999, the first year of the program. During FY 2000 baseline assessments and random assignments began, as did early follow-up of some study participants. Ultimately, comprehensive data from about 2,800 cases and five assessments will allow detection of changes in health, mental health and substance abuse status, as well as in service utilization and costs. The eight study sites are testing promising innovations to improve care for multiply-diagnosed individuals. Each site's integrated care intervention responds to local variations in the availability and accessibility of services for the study population. Early findings indicate that the study participants are more likely to have received HIV/AIDS and substance abuse care than mental health services.

FY 2000 Funding	$ 3,128,740 (Jointly funded by CMHS, CSAT; excludes support from HRSA, NIH)
FY 2001 Estimate	$3,130,000 (Jointly funded by CMHS, CSAT; excludes support from HRSA, NIH)

HIV/AIDS Education Grants–Phase I, III I (CMHS)

Background

For more than a decade, first the National Institute of Mental Health, and now CMHS, has provided support for a program to develop model educational approaches to train mental health care providers in neuropsychiatric and psychosocial aspects of HIV/AIDS. The CMHS Mental Health Care Provider Education program works to positively impact the HIV/AIDS epidemic by assisting, through education and training programs, in the creation of a cadre of traditional and non-traditional mental health service providers who possess and utilize state-of-the-art information on the psychological and neuropsychiatric sequelae of HIV/AIDS.

Goals and Objectives

- Disseminate to mental health providers information about how to identify/resolve ethical issues related to providing services to people with HIV/AIDS; and

- Develop new and improved knowledge dissemination and application strategies about state-of-the-art HIV/AIDS treatment related to psychological and neuropsychiatric functioning, and the identification and resolution of ethnical issues involved in providing overall HIV/AIDS

The latter includes a comprehensive assessment, through a multi-site evaluation, of both the use and usefulness of this knowledge for providers of HIV/AIDS-specific mental health care services. Specific attention will be paid to the impact of the changing nature of HIV disease, from a terminal disease to a chronic disease, on both the neuropsychiatric sequelae of the disease and the treatment adherence/compliance aspects of chronic care.

Program Activity

The first phase of activities of the Mental Health Care Provider Education in HIV/AIDS Program emphasized knowledge development. Seven grants were awarded in FY 1998 for Phase II (3-year) awards to evaluate the dissemination of knowledge on the psychological and neuropsychiatric sequelae of HIV/AIDS and on the ethical issues in providing services to people with HIV/AIDS, to both traditional and non-traditional providers of mental health services. The relative effectiveness of different education approaches is being evaluated. Training approaches incorporate the most current research-based information, permitting easy modifications to reflect changes in the medical regimen for AIDS treatment. Additionally, the project sites participated in the development and pilot testing of *Ethical Issues & HIV/AIDS: A Multi-Disciplinary Mental Health Services Curricula* that will be used for all future CMHS-sponsored ethics training sessions. A coordinating/technical assistance center is providing technical assistance to individual grant sites as well as overall program coordination, including that of multi-site evaluation. With the end of the Phase II program in FY 2000, Phase III is expected to begin in FY 2001.

FY 2000 Funding $1,600,951
FY 2001 Estimate $1,600,000

HIV/AIDS High-Risk Behavior Prevention/Intervention Model for Young Adult/Adolescent and Women (CMHS)

Background

AIDS currently is the sixth leading cause of death among adolescents ages 15-24 years of age. For adolescent and young-adult men, homosexual behaviors are the most frequent exposure category; heterosexual contact was the most often cited exposure category for adolescent and young-adult women. Today, adolescents/young adults and women represent two significant groups at high risk for HIV infection.

A significant gap exists between what is known about effective preventive interventions to reduce the transmission of HIV and what interventions are actually made, particularly in community-based settings that provide a significant amount of preventive intervention.

Goals and Objectives

- Identify key elements of a community-focused prevention/intervention protocol that encourages and enables adolescents/young adults and women at risk for HIV/AIDS to reduce high-risk behaviors and practices (such as unprotected sex, multiple partners, substance or alcohol use);

- Develop and test under real-world conditions relatively brief behavior change interventions aimed at two subgroups at high risk for HIV infection – adolescents/young adults and women;

- Reduce individuals' high-risk behaviors, thereby reducing rates of STDs, including HIV, in communities.

Program Activity

Seven sites (four studying adolescent/young adults, three studying women) and a coordinating center were each awarded four-year Phase I grants. Investigators from the collaborating sites and coordinating center developed two similar, evidence-based, behavioral interventions designed to reduce high-risk behaviors associated with HIV/AIDS transmission in these populations. The primary difference between the two interventions was the focus on their respective target populations. The interventions shared a common theoretical framework, covered similar content (such as skills-building regarding condom use and negotiation of safer sex activities), and provided opportunities for skills practice and reinforcement of safer sex attitudes and behaviors. The interventions consisted of a single session of three hours duration with potential for implementation in diverse community settings reaching large numbers of at-risk individuals. The study examined the effectiveness of these interventions in reducing HIV risk behaviors relative to a "usual care/delayed intervention" comparison group. A second phase of this study is planned for FY 2001, which will replicate Phase I findings in a broader range of communities as a means of validating effective interventions.

FY 2000 Funding $2,767,049
FY 2001 Estimate $2,700,000

Homeless Families: Women with Mental and/or Addictive Disorders and their Children (CMHS) (with CSAT)

Background

Families – many headed by single women -- are the fastest growing segment of the homeless population. The pathway to homelessness frequently is grounded in the mother's life history of domestic violence and sexual abuse, resulting in trauma, psychiatric disorders, and substance abuse. The growing number of homeless families in which the mother has psychiatric and/or substance abuse disorders makes service effectiveness all the more critical when these women come in contact with the mental health and substance abuse treatment systems. Newer approaches to working with these individuals have been successful in reducing the number of people with SMI who also are homeless. Using persistent patient outreach and engagement strategies, service providers are helping homeless people with mental and substance use disorders to connect with mainstream treatment systems. However, housing and treatment alone are not enough. Appropriate trauma, recovery, and social supports can help individuals and families remain off the street. Much of this support occurs in the form of trauma-informed services and case management, particularly when responsive both to emerging mental health issues and to the skills a person needs not only to function, but also to thrive in the community.

Goals and Objectives

The instrumental goals of the program are to facilitate –

- Movement from homelessness to temporary or permanent housing;
- Decrease in psychological distress and in substance use/abuse;
- Participation in treatment, support, and training programs; and
- Family preservation.

Program Activities

This multi-year knowledge development initiative is documenting and evaluating the effectiveness of time-limited, intensive intervention strategies for providing treatment, housing, support, and family preservation services to homeless mothers with psychiatric and/or substance use disorders who are caring for their dependent children. The program includes a two-year Phase One focusing on population description, service enhancement, model documentation, and evaluation plan design; and a three-year Phase Two in which study sites will participate in both cross-site and site-specific outcome evaluation studies of the documented interventions. In FY 1999, the first year of the program, 15 awards were made, including both study sites and a coordinating center. While the study sites completed their work in FY 2000, the coordinating center continues its evaluation and educational activities through FY 2003.

FY 2000 Funding $4,444,000
FY 2001 Estimate $2,450,000

Minority Fellowship Grant Program (CMHS) (with CSAP and CSAT)

Background

The United States has approximately 329,000 mental health professionals, including psychiatrists, psychiatric nurses, psychologists, social workers, and other mental health workers with a bachelor's degree or higher. Although minorities make up approximately one-fourth of the population, only about 10 percent of mental health providers are ethnic minorities.

Goals and Objectives

To increase the pool of professionals qualified to provide leadership, consultation, training, and administration to government, and public and private organizations concerned with the development and implementation of programs and services for under-served ethnic minority persons with mental and/or substance abuse disorders.

Program Activity

Through this program, CMHS, CSAT and CSAP provide grants to encourage and facilitate the doctoral and post-doctoral development of minority nurses, psychiatrists, psychologists, and social workers who maintain a professional focus on the provision of mental health and substance abuse related services.

The SAMHSA Centers' Minority Fellowship Program Grants for doctoral-level and postdoctoral mental health provider training have been awarded over the past years to each of the following professional associations to the American Nurses Association, the American Psychiatric Association, the American Psychological Association, and the Council on Social Work Education. Each of these entities uses different and criteria specific to their discipline. However, the focus of each organization is to prepare fellowship recipients to address the most critical service provision needs in their respective fields.

FY 2000 Funding $1,089,830 (Jointly funded by CMHS, CSAP, CSAT)
FY 2001 Estimate $3,100,000 (Jointly funded by CMHS, CSAP, CSAT; includes $2,000,000 earmark)

National Children's Technical Assistance Center (CMHS)

Background

Over the past decade, significant advances have been achieved in understanding and communicating what comprises an effective network of services and supports for children with serious emotional disturbances and their families. However, many states, communities, Indian tribes and tribal organizations, Pacific Island jurisdictions, and Freely Associated States still lack the resources and expertise to address fully the complex issues involved in planning and implementing comprehensive, integrated systems of care. Through targeted initiatives, this National Training and Technical Assistance Center (NTTAC) brings together the information, expertise, and support to encourage development of systems of care and implementation efforts on behalf of children with serious emotional disturbances and their families.

Goals and Objectives

The Center serves as a national resource and training center to promote the planning and development of child-first, family-focused, community-based, and culturally competent interagency systems of care for children and their families. It provides access to information and expertise on systems of care development, implementation and policy issues through various knowledge development and dissemination activities.

Program Activity

The NTTAC, established in FY 1999, and continuing through FY 2003, provides access to information and expertise on the development and implementation of systems of care, coupled with policy issues related to children's mental health, through a variety of knowledge distribution approaches and technologies. Through proactive efforts to identify and respond to local, State and national needs, the NTTAC works with State and local child-serving agencies, Indian tribes and tribal organizations, Pacific Island jurisdictions and freely associated States to provide support for integrated, responsive service delivery systems for children with serious emotional disturbance and their families.

FY 2000 Funding	$3,255,000
FY 2001 Estimate	$2,905,000

Public Information and Education (CMHS)

Background

CMHS helps States and communities increase the quality and range of treatment, rehabilitation, and support services for people of all ages with mental illness and their families; it supports the development and adoption of "models" for improving services. Through a broad array of print, electronic and we-based public information and education initiatives and activities, CMHS has been working to ensure that mental health services become a recognized part of the nation's health care delivery system and that the stigma still associated with mental illness is dispelled. Communications with consumers and their families, health care professionals, policy makers and the public at large are making new information and best practices in mental health services better known nationwide.

Goals and Objectives

Public information and education initiatives are designed to inform, educate and improve public understanding of mental health and mental illness. The aim: to help improve access to high-quality mental health services and to help eradicate the stigma and discrimination that discourage people with a mental illness from seeking help.

Program Activities

The *Anti-Stigma Campaign*, launched in 1999, continues to raise awareness, educate people about mental illness and dispel negative preconceptions through publications and public service announcements, including one encouraging youth not to be afraid to seek mental health services when needed. A symposium to share successful approaches to develop a community blueprint for anti-stigma action is planned in 2001.

Utilizing a variety of campaign messages and materials targeted to families, the public, policymakers, communities, and the media, the *Caring for Every Child's Mental Health: Communities Together Campaign* works to increase the likelihood that treatment reaches children with serious emotional disturbances and their families. Since its inception, campaign materials have reached over one million people.

A new, growing *Consumer Information Series* has been educating mental health consumers and others on important issues, including the development of partnerships between consumers and their health care professionals at both the individual and community levels, a guide focused on the ADA and employment discrimination, and a report on consumer self-help programs.

CMHS has undertaken a broad range of communication efforts – targeting youth and families, schools and teachers – to *promote resilience and prevent youth violence.* Ranging from curricula developed for elementary through high school, to publications designed to help parents better communicate with their children to a video intended to create a more tolerant and safe environment for school children – the materials are utilizing print and electronic means to promote positive decision-making, resilience, and a sense of community in school-age children and youth, all designed to reduce the incidence of school-based and other youth violence.

The National Mental Health Services' Knowledge Exchange Network (KEN) provides a user-friendly gateway to a wide range of resources on mental health services, information about CMHS' technical assistance centers; Federal, State, and local mental health agencies; other national clearinghouses and information centers; mental health organizations and professional associations; and consumer and family advocacy organizations.

FY 2000 Funding $1,428,471
FY 2001 Estimate $4,454,154 (includes funds for school violence prevention educational campaigns)

Safe Schools/Healthy Students (CMHS)

Background

In October 1998, Congress appropriated $40 million to CMHS "to improve mental health services for children with emotional and behavioral disorders who are at risk of violent behavior" as "there are concerns about the recent outbreaks of violence in our Nation's schools." While most schools are safe places, in 1996-97, 10 percent of public schools reported one or more serious violent crimes to the police, and another 47 percent reported at least one less serious or nonviolent crime. In addition, homicide and suicide rank as the third and fifth leading causes of death for children, ages 5-14 years.

To address the problem of youth violence, CMHS has been collaborating with the Safe and Drug-free Schools program in both the Department of Education and the Office of Juvenile Justice and Delinquency Prevention in the Department of Justice to develop and implement a large grant program, the Safe Schools/Healthy Students Initiative.

Goals and Objectives

- Help students develop the skills and emotional resilience necessary to promote positive mental health, engage in pro-social behavior, and prevent violent behavior, and alcohol and other drug use;
- Ensure that all students attending the targeted schools are able to learn in a safe, disciplined, and alcohol- and drug-free environment; and
- Help develop an infrastructure to institutionalize and sustain integrated services after Federal funding has ended.

Program Activities

Grants of between one to three million dollars were awarded in September, 1999, to 54 local education authorities with formal partnerships with local mental health and law enforcement agencies. A second round of awards, made in April, 1999, were made to an additional 23 school districts. These partnerships develop and implement comprehensive plans to promote healthy development, fostering resilience in the face of adversity, and preventing violence. The plans cover six areas: (1) school safety; (2) alcohol and other drugs, and violence prevention/early intervention programs; (3) school and community mental health promotion and treatment services; (4) early childhood psychosocial and emotional development programs; (5) educational reform; and (6) safe school policies. Grant awards totaled $105 million in FY 1999, the first of three years under this program.

FY 2000 Funding	$46,200,000
FY 2001 Estimate	$53,200,000

School Action Grants/Youth Violence Prevention (CMHS/CSAT)

Background

In the wake of tragic multiple shootings at a number of schools, President Clinton convened the first White House Conference on School Safety in the fall of 1998 to exchange knowledge and ideas on how to make our students, schools, and communities safer. During the Conference, the President issued a Call to Action resulting in two new grant programs – the School and Community Action Grant and the Safe Schools/Healthy Students Initiative – to address many of the issues highlighted at the meeting. Both of these program engage CMHS; the former also includes CSAT, the latter, the Department of Education and the Department of Justice.

Goals and Objectives

The program is designed to –

- Obtain community involvement in efforts to provide children with safe environments, thereby increasing the number of communities using evidence-based exemplary practices to address youth violence prevention and resilience development among children and adolescents

- Help young people develop skills and emotional resilience needed for healthy functioning and prosocial behaviors; and help reduce suicide, violent behaviors and alcohol and substance abuse in this population

- Expand efforts at youth violence prevention and resilience development beyond the traditional fields of education, law enforcement, and mental health

Program Activities

The Program, now supporting two rounds of grantees, engages community-based organizations to promote healthy development, enhance resilience, and prevent violence, substance abuse and suicide by adopting and adapting evidence-based exemplary practices for use within and outside schools. Target populations include preschool and school-aged children and adolescents, and their families who are at risk of becoming perpetrators, victims, or witnesses of violence. The 35 FY 1999 grantees for the two-year awards have worked to achieve consensus among all key stakeholders and then to adapt and implement an exemplary practice or practices in violence prevention. Grantees documented and evaluated both the consensus building process and factors contributing to the success or failure of pilot implementation. If pilot implementation has been successful, grantees will develop and execute a plan to sustain the practice on a permanent basis, including a funding source, a process to integrate the practice into the permanent service delivery system and make available to the public the results of the activity funded. In Fiscal Year 2000 the program name was changed to better reflect its purpose; it is now known as Community Youth Mental Health Promotion and Violence/Substance Abuse Prevention Partnerships. Twenty-nine new, two-year awards of $150,000 each were made in September 2000; earlier awards continue into their second and final year.

FY 2000 Funding $9,250,000 (Jointly funded by CMHS and CSAT)
FY 2001 Estimate $9,250,000 (Jointly funded by CMHS and CSAT)

Statewide Family Network and Support Grants (CMHS)

Background

The Statewide Family Network and Support Grant Program is intended to strengthen coalitions among family members, and between them and policy makers and service providers. The Family Network and Support program is providing the families of children and adolescents with serious emotional disturbances (SED) grant support for the development of effective Statewide family networks, critical to the integration of families into the planning, design, implementation and evaluation of services for the target children and adolescents.

Goals and Objectives

- Strengthen organizational relationships by improving collaboration among families, advocates, networks, and coalitions dedicated to empowering families and strengthening their ability to participate in State and local mental health service-planning and health care reform policy activities on behalf of their children; and, to maintain effective working relationships with other State child-serving agencies including, mental health, other health services, education, child welfare, substance abuse, and juvenile justice.

- Foster leadership and business management skills by promoting leadership, business and management training, and foster financial self-sufficiency of family-controlled organizations over the term of the Federal grant.

- Identify technical assistance needs for family-controlled organizations and implement a strategy to meet those needs.

Program Activity

Twenty-nine, three-year awards were made nationwide in FY 1998. Network activities included developing support groups; disseminating information and technical assistance through clearinghouses; maintaining toll-free telephone numbers, information and referral networks, and newsletters; sponsoring conference and workshops; outreach activities; serving as a liaison with various human service agencies, developing skills in organizational management and financial independence; and training and advocacy for children's services.

FY 2000 Funding $1,590,317
FY 2001 Estimate $3,000,000

Technical Assistance Center for Evaluation (CMHS)

Background

Since 1994, the Center for Mental Health Services has supported a Center on Evaluation that builds evaluation capacity within State and local mental health authorities in order to improve the planning and operation of adult mental health services.

Goals and Objectives

The purpose of the CMHS Technical Assistance Center for the Evaluation of Adult Mental Health System Change is to provide evaluation technical assistance to State, public and private non-profit entities, to assist them in using the results of KDA program evaluations and to improve the planning, development, and operation of adult mental health services provided under the Community Mental Health Services Block Grant.

Program Activities

The Center supports consultation, conference, and training, development of toolkits and other materials, evaluation listservs, and activities related to knowledge assessment and application. It also includes a significant program on multicultural issues in evaluation. Following a competitive grant review process, a new three-year grant award was made in FY 2000 to continue the mission of the Technical Assistance Center for Evaluation.

FY 2000 Funding	$600,000
FY 2001 Estimate	$650,000

Youth Violence Prevention: Community Coalition Development (CMHS)

Background

Homicide and suicide rank as the third and fifth leading causes of death for children 5-14 years of age. When there are crime and violence problems in schools learning is compromised, children and teachers are endangered. Ten percent of public schools reported one or more serious violent crimes to the police in the 1996-7 school year. Another 47 percent reported at least one less serious or nonviolent crime to police. In response, increasingly large Federal investments are being made to support comprehensive youth violence prevention programs across the country. However, violence prevention is primarily a local objective that can be achieved only through sustained local activity. For this reason, Federal support is being provided in FY 2000 through this program to help States, subdivisions and Native American Tribal governments develop the service networks they will need to sustain violence prevention efforts over a long period of time.

Goals and Objectives

The aim of Violence Prevention at the Community Level: A Community Development Program is to help States and communities identify and secure the resources needed to sustain a youth violence prevention effort over time. Specific objectives are to

- Promote community-wide understanding of youth problem behaviors and approaches to preventing violence and substance abuse in schools and other community settings
- Assist communities in assessing youth behavioral, substance abuse and mental health problems, risk and protective factors for such problems, and service availability and gaps for needed services
- Support implementation and evaluation of mental health promotion activities, treatment services for youth problem behavior, and early childhood development services in communities
- Create opportunities for child service delivery systems to coordinate complementary and comprehensive violence and substance abuse prevention activities
- Plan and obtain community consensus and funding resources to enable programs that address youth violence, substance abuse, and mental health promotion to be self-sustaining.

Program Activities

In late FY 2000, 29 states, cities and counties were awarded a total of $7.4 million to develop partnerships to sustain service systems for youth violence prevention and mental health promotion. Awards were made under one of two different sub-programs: (a) two-year Planning and Partnership Development Grants for state, tribe, and sub-entities to develop new coalitions and partnerships with community service organizations and constituencies; and (b) three-year Partnership Resource and Infrastructure Support Monies (PRISM) to help existing coalitions/partnerships develop resources and infrastructure to support program implementation and evaluation.

FY 2000 Funding	$7,400,000
FY 2001 Estimate	$7,400,000

Violence Prevention Coordinating Center (CMHS)

Background

In the fall of 1998, President Clinton convened the first White House Conference on School Safety to exchange knowledge and ideas on how to make our students, schools, and communities safer. The President's Call to Action resulted in two new grant programs – the School and Community Action Grant program and the Safe Schools/Healthy Students Initiative. Both have been designed to address many of the issues highlighted at the meeting. Both of these program engage CMHS; the former also includes CSAT, the latter, the Department of Education and the Department of Justice.

To leverage limited resources to their utmost, CMHS is creating through this KDA program, a coordinating center to provide technical assistance to and to help meet the training and other related needs of grantees under the various CMHS-sponsored and Inter-Departmental youth violence-related grant programs

Goals and Objectives

The aim of this project is to facilitate provision of technical assistance for grantees in the Inter-Departmental Safe Schools/Healthy Students (SS/HS) Initiative, the CMHS School Action Grant Program, and other CMHS violence prevention-related activities.

Program Activity

In FY 1999, working in collaboration with the Departments of Education and Justice as part of the Safe Schools/Healthy Students initiative, CMHS developed a three-year grant program designed to provide technical assistance to Safe Schools program grantees as well as to other grant recipients under other CMHS youth violence prevention -related programs. The Coordinating Center for the Development of Community Partnerships and the Provision of Technical Assistance to Prevent School Violence and Enhance Resilience is developing and implementing a model to provide the highest quality of facilitation, training, and technical assistance to the Federal grantees in Safe Schools/Health Students and School Action Grant programs and to other contractors involved in the CMHS School Violence Prevention program. To that end, the Coordinating Center is creating an organized group of nationally known experts and established TA entities with the knowledge and skills pertinent to the programmatic goals of the targeted grantees. Safe Schools/Healthy Students Initiative and School Action grantees are being to expert consultants through individualized brokering based on local need. The VPC Consultant/Broker matches a grantee's TA needs to an expert or experts who can be effective in offering consultation or facilitation in solving specific grantee problems or challenges. Over the course of this grant program, TA increasingly will be provided by peer grantees who have developed significant expertise. The VPC emphasizes and encourages accountability through creation and maintenance of continuous feedback mechanisms.

FY 2000 Funding $2,500,000
FY 2001 Estimate $2,800,000 (includes $300,000 from Department of Justice)

Strengthen Data Collection to Improve Quality and Enhance Accountability

If the Nation is to succeed in creating, implementing, and utilizing meaningful substance abuse prevention, addiction treatments, and mental health services, SAMHSA must be able to identify: people at-risk of mental and addictive disorders and their access to preventive services; treatment and other intervention services available at the community level to people experiencing mental illnesses and substance abuse disorders; and dollars available per-capita, among many others. SAMHSA also must be able to evaluate: assessing what works for whom; examining the quality of care; and determining whether needs and services are a good fit. Through its data collection, assessment and evaluation activities, SAMHSA is able to enumerate the challenges, identify trends and suggest ways to respond to them, and enable States and localities to better measure their own performance and service efforts.

Drug and Alcohol Services Information System (DASIS) (OAS)

Background

DASIS is the only source of comprehensive national data on the services available for substance abuse treatment, and on the numbers and general characteristics of people who are admitted to treatment.

Program Activity

DASIS contains three data sets that are maintained with cooperation and support of the States:

- The *Inventory of Substance Abuse Treatment (I-SATS)* - a master list of all organized substance abuse treatment programs known to SAMHSA. It is used as the focal point for the annual National Survey of Substance Abuse Treatment Services and as a sampling frame for other special surveys of treatment providers and their clients.

- The *National Survey of Substance Abuse Treatment Services (N-SSATS)* - an annual census of all facilities listed on the I-SATS that collects information on the location, organization, structure, services, and utilization of substance abuse treatment facilities in the U.S. Data are used for program administration and policy analysis, and to compile and update both the National Directory of Drug and Alcohol Abuse Treatment Programs and the on-line Substance Abuse Treatment Facility Locator.

- The *Treatment Episode Data Set* (TEDS) - a standard set of demographic and drug history information about individuals admitted to treatment, primarily by providers receiving public funding. The goals of DASIS are to continue to collect the most complete data possible on substance abuse services and treatment, and to make this data available to the public in a variety of useful formats.

Opportunity

The DASIS data sets offer the opportunity to identify treatment programs, characterize services, enumerate persons in treatment, and describe the general characteristics of people admitted to treatment. The N-SSATS and its predecessors have been in place for nearly two decades, allowing analysis of change over time in the structure, composition, and use of treatment services. The TEDS has data on admissions since 1992, making it possible to monitor changing patterns in the drugs that lead people into treatment and to assess trends in age, gender, and race/ethnicity among admissions to treatment. In FY 2000 DASIS met its target, making data available 16 months after data collection closed. The information has application for policymakers, program managers, academic researchers, and the public.

FY 2000 Funding $7,099,242 (Part of Substance Abuse Block Grant five percent set-aside)
FY 2001 Estimate $7,100,000 (Part of Substance Abuse Block Grant five percent set-aside)

Drug Abuse Warning Network (DAWN) (OAS)

Background

DAWN is a continuous, national data collection system that produces estimates of drug abuse-related visits to hospital emergency departments and of drug-related deaths reviewed by medical examiners and coroners. DAWN is used to monitor trends in drug abuse pattern; identify the emergency of new substances and drug combinations; assess health hazards associated with drug abuse; and estimate the impact of drug abuse on the Nation's health care system.

Program Activity

DAWN is the only data system providing estimates of the number of emergency department admissions associated with drug abuse and the particular drugs involved, not only for the US as a whole but also for 21 major metropolitan areas across the country. These estimates are used to monitor trends in major substances of abuse (e.g.,heroin, cocaine, and marijuana); to identify emerging new drugs of abuse (e.g., Ecstasy, methamphetamine); to identify the abuse potential of prescription and over-the-counter drugs to better inform labeling and scheduling decisions; and to elucidate changing patterns of drug abuse in local communities. Further, DAWN is the only national data collection system on drug abuse today with the capacity to monitor specific and relatively infrequently substances of abuse as they emerge and diffuse across population groups and geographic areas. Both the emergency department and medical examiner components of DAWN are being redesigned to improve their utility still further.

Opportunity

DAWN is a major component of the Nation's capacity to monitor trends in the morbidity and mortality associated with drug abuse. It is used by national, state and local professionals to monitor trends in the health hazards associated with substance abuse and to identify emerging trends and changing patterns of drug abuse. DAWN offers data of value to policy makers, law enforcement, pharmacologists, and health professionals. The data are used by the White House Office of National Drug Control Policy to monitor national trends; the Drug Enforcement Administration for surveillance, diversion control and intelligence; and the pharmaceutical industry and Food and Drug Administration for assessing abuse potential for labeling and scheduling decisions. State and local professionals, including law enforcement and the 21-city Community Epidemiology Work Group, use DAWN to assess changes in local trends and patterns of drug use. SAMHSA itself uses DAWN to target program resources to areas of greatest need. In FY 2000 DAWN exceeded its target – making data available less than 9 months following the close of data collection.

FY 2000 Funding $5,520,215 (Part of Substance Abuse Block Grant five percent set-aside)
FY 2001 Estimate $5,520,000 (Part of Substance Abuse Block Grant five percent set-aside)

National Household Survey (NHS) (OAS)

Background

The National Household Survey (NHS) is an on-going national survey of the civilian, non-institutionalized population, aged 12 years and older in the United States. It addresses the need for information on the nature and extent of substance use and abuse in the general population, including the number and characteristics of persons using alcohol, tobacco, and illicit drugs; changes over time in substance use incidence and prevalence; and the number of persons in need of substance abuse treatment. The design of the N.S. provides estimates at the National, regional, and State levels, with oversampling of people ages 12-25 years to provide more detailed data for youth and young adults. Over time, similar oversampling will permit more detailed information about other populations as well.

Program Activity

The NHS is the only continuous survey that provides both national and State measures of substance use in the general population. The expansion of the survey in 1999 made it possible to provide State-level estimates annually, as well as more precise national estimates than in the past, including estimates of rare and emerging patterns of substance abuse, such as methamphetamine use. Each year since that expansion, employing state of the art computer-assisted interviewing techniques, the NHS collects comprehensive information from about 70,000 respondent-participants on their demographic and socioeconomic characteristics, attitudes and health status in conjunction with information on their substance use, abuse, and treatment. Since 1971, the Survey has provided estimates of the incidence and prevalence of substance abuse in the U.S. It measures trends and patterns of substance abuse, and the personal, family and other factors associated with substance abuse.

Opportunity

The NHS's expanded data set offers the opportunity for further analysis on a wide variety of policy issues such as treatment need and access to treatment services; patterns of substance use among special populations of interest, such as racial/ethnic minorities, pregnant women, welfare recipients, and the unemployed; relationships of substance use with other problems such as mental illness, school drop out, and criminal behavior. Such research will result in more efficient prevention interventions and treatment services. The NHS data facilitate the evaluation of SAMHSA programs, and make it possible to direct Federal funds to areas with severe or unique problems. Because of its State-level capability, NHS data can be used to assess the impact of differing laws and policies across the States. In FY 2000, the NHS made its data available within its target of 8 months following the close of data collection.

FY 2000 Funding $36,421,223 (Part of Substance Abuse Block Grant five percent set-aside)
FY 2001 Estimate $44,640,308 (Part of Substance Abuse Block Grant five percent set-aside)

The National Reporting Program for Mental Health Statistics (CMHS)

Background

The Center for Mental Health Services data collection activities are carried out through the National Reporting Program (NRP) for Mental Health Statistics, operated by the Survey and Analysis Branch, Division of State and Community Systems Development, as part of Block Grant Set-Aside funding under the Anti-Drug Abuse Act of 1988 (PL 100-690) and subsequent legislation (PL 102-321). Dating back to 1840, the NRP represents the longest continuous data collection in American public health.

Program Activity

The NRP includes: biennial enumeration surveys of all specialty mental health organizations in the United States, including managed behavioral health care organizations; periodic targeted client sample surveys of persons served by specialty mental health organizations; special surveys of mental health services in nontraditional settings, e.g., State prisons, local jails, juvenile justice settings, and self-help activities; an annual National Conference on Mental Health Statistics providing state-of-the- art examination of the technologies and methodologies in data collection; a Mental Health Statistics Improvement Program (MHSIP) to enhance the capacity of the entire field to collect and use comparable mental health statistics for management and research purposes; and, a surveillance and applied demography program that includes indirect indicators of the risk of mental illness and the direct assessment of health status through collaborative studies.

Opportunity

The NRP – working collaboratively with Federal, State, and local agencies, public and private organizations and providers, consumer/survivors and family members, and international organizations – describes the evolution of the US mental health delivery system and serves as an important mechanism upon which policy makers and planners rely to evaluate programs and make policy decisions. The NRP also identifies and tracks emerging trends in the healthcare system, such as the implications of managed behavioral healthcare. In an effort to continually improve the quality of mental health data collection and analysis, the NRP refines system and program performance and client outcome measures; it ensures that including consumer/survivor and family perspectives are included in measure development. The NRP activities are showcased in the widely disseminated biennial publication, *Mental Health, United States*, and information about the location and contact of mental health organizations nationwide is made available through the *Mental Health Directory*. These critical and policy-relevant data activities inform the entire healthcare system. Their vitality is crucial.

FY 2000 Funding	$1,551,341 (Part of Mental Health Block Grant five percent set-aside)
FY 2001 Estimate	$1,550,000 (Part of Mental Health Block Grant five percent set-aside)

State Mental Health Performance Indicator Pilot Grants (CMHS)

Background

The need to develop a mechanism to ensure accountability in the provision of mental health services at the State and community levels has grown markedly, particularly in the face of a rapidly changing health care system at the national, State and local levels. If Federal and State programs are to succeed in meeting the needs of people of all ages with mental illnesses, they must be able to document that funds have been expended appropriately and that desired effects have been achieved.

Goals and Objectives

The Partnership for Planning and Performance — a collaboration between CMHS and State Mental Health Agencies — was designed to enhance both the management and reporting capability of States and to serve as a starting point for comparability of performance indicators across State mental health systems. The objective not only is to make better Statewide data available to inform individual planning within each State, but also to create data sets comparable across the States, enabling CMHS to better assess how the mental health system's Federal-State partnership itself is performing. By making this information available, the CMHS goals to improve planning, appropriately implement effective mental health services, and seek needed financial resources for the field will be achieved by providing necessary lessons to use as CMHS considers accountability for State systems in the future. The State Performance Indicator Pilot Program is today's centerpiece of the Partnership for Planning and Performance.

Program Activity

The Performance Indicator Pilot Program includes three phases: feasibility assessment, pilot testing, and implementation. Phase One of the project has been completed. Awards to 16 separate States for Phase Two pilot testing of performance indicators were made in FY 1999. Funded for three years each, the States are pilot testing 32 performance indicators on a statewide basis. By using common definitions and indicators, aggregate assessments across the States will be possible.

FY 2000 Funding	$1,645,325 (Part of Mental Health Block Grant five percent set-aside)
FY 2001 Estimate	$1,650,000 (Part of Mental Health Block Grant five percent set-aside)

Appendix A
Programs and SAMHSA Project Officers

SAMHSA

Drug and Alcohol Services Information System (DASIS) . . . . . Deborah Trunzo (OAS)
Drug Abuse Warning Network . . . . . Judy Ball (OAS)
Managed Behavioral Health Care . . . . . Eric Goplerud (OA)
National Household Survey . . . . . Joseph Gfroerer (OAS)

Center for Mental Health Services

Adult Consumer/Consumer Supporter Networking . . . . . Risa Fox (CSPB)
Aging, Mental Health, Substance Abuse & Primary Care . . . . . Paul Wohlford (SAB)
Block Grant Performance Measurement . . . . . Ronald Manderscheid (SAB)
Olinda Gonzalez (SAB)
Circles of Care . . . . . Jill Erickson (CAFSB)
Community Action Grants I & II . . . . . Buddy Ruiz (CSPB)
Community Assessment and Intervention Center . . . . . Pat Shea (SPDB)
Community Mental Health Services Block Grant . . . . . Marie Danforth (SPSDB)
Comprehensive Community Mental Health Service for
Children & their Families . . . . . Gary DeCarolis (CAFB)
Conference Grants . . . . . Neal Brown(CSPB)
Consumer Technical Assistance Centers . . . . . Risa Fox (CSPB)
Consumer-Operated Services . . . . . Betsy McDonel (CSPB)
Criminal Justice Diversion . . . . . Susan Salasin(CSPB)
Crisis Counseling Assistance and Training . . . . . Beth Nelson (ESDRB)
Employment Intervention Demonstration Program . . . . . Crystal Blyer(CSPB)
Enhance Service Systems for Persons in Alaska with
Co-occurring Substance Abuse & Mental Disorders . . . . . Larry Rickards (HPB)
Farm Resource Center . . . . . Buddy Ruiz (CSPB)
HIV/AIDS Cost Study Grants . . . . . Mary Knipmeyer (ADMA)
HIV/AIDS Education Grants– Phase II . . . . . Barbara Silver (ADMA)
HIV/AIDS High-Risk Behavior Prevention/Intervention
Model for Young Adults/Adolescents & Women . . . . . Barbara Silver (ADMA)
Homeless Families: Women with Mental/Addictive
Disorders and their Children . . . . . Larry Rickards (HPB)
Insurance Coverage/Mental Health Parity . . . . . Jeff Buck (OF)
Medicaid Mental Health Services . . . . . Jeff Buck (OF)
Mental Health State Reform Grants . . . . . Ronald Manderscheid (SAB)
Managed Behavioral Health Care . . . . . Juidith Teich (OF)
Minority Fellowship Grants . . . . . Paul Wohlford (SAB)
National Children's Technical Assistance Center . . . . . Anthony Sims (CAFB)
National Crisis Response Technical Assistance Project . . . . . Seth Hassett (ESDRB)
National Reporting Program for Mental Health Statistics . . . . . Ronald Manderscheid (SAB)
National Spending for Mental Health Services . . . . . Jeff Buck (OF)
Public Information & Education . . . . . Paolo DelVecchio (OEL)
Protection & Advocacy for People with Mental Illness . . . . . Karen Armstrong (PAB)
Projects for Assistance in Transition from Homelessness . . . . . Michael Hutner(HPB)
Safe Schools/Healthy Students . . . . . Anne Mathews-Younes (SPDB)
School Action Grant . . . . . Malcolm Gordon (SPDB)
Michele Edwards (SPDB)
State Mental Health Performance Indicator Pilot Grants . . . . . Ronald Manderscheid (SAB)

Center for Substance Abuse Prevention

Center for Substance Abuse Treatment

Appendix B
Key Telephone Numbers for SAMHSA Programs

All phone numbers are area code 301

SAMHSA Offices

	Phone	*Fax*
Office of Applied Studies (OAS)	443-1038	443-9847
Office of Communications (OC)	443-8956	443-9050
Office of Managed Care (OMC)	443-2817	443-8711
Office of Minority Health (OMH)	443-7265	443-9538
Office of Policy & Program Coordination (OPPC)	443-4111	443-0496

Center for Mental Health Services (CMHS)

Office of External Liaison (OEL)	443-2792	443-5163
Office of Organization and Financing (ADOF)	443-0588	480-8296
Office of Policy, Planning & Administration (OPPA)	443-0000	443-1563
Division of Knowledge Development & Systems Change	443-3606	443-7926
Child, Adolescent & Family Services Branch (CAFSB)	443-1333	443-3693
Community Support Program Branch (CSPB)	443-3653	443-0541
Homeless Programs Branch (HPB)	443-3706	443-0256
Division of Program Development, Special Populations and Projects	443-2940	443-4864
Emergency Services & Disaster Relief Branch (ESDRB)	443-4735	443-8040
Special Programs Development Branch (SPDB)	443-7790	443-7912
Division of State & Community Systems Development	443-7710	594-0091
Protection & Advocacy Branch (PAB)	43-3667	594-0091
State Planning & Systems Development Branch (SPSDB)	443-4257	594-0091
Survey & Analysis Branch (SAB)	443-3343	443-7926
Associate Director for Medical Affairs (ADMA)	443-2120	443-0737

Center for Substance Abuse Prevention (CSAP)

Office of the Director (OD)	443-0365	443-5447
Office of Knowledge Synthesis	443-8281	443-5447
Office on Early Childhood (OD-OEC)	443-7762	443-7878
Office of Managed Care (CSAP-OMC)	594-0788	443-1548
Division of Knowledge Development & Evaluation (DKDE)	443-9110	443-8965
Division of Prevention Application & Education (DPAE)	443-0373	443-5592
Prevention Application Branch (PAB)	443-6728	443-5592
Prevention Education Branch (PEB)	443-0373	443-5592
Division of State & Community Systems Development (DSCS)	443-0369	443-0526
Division of Workplace Programs (DWP)	443-6780	443-3031
Youth Substance Abuse Prevention Initiative (YSAPI)	443-2188	443-5447

Center for Substance Abuse Treatment (CSAT)

	Phone	*Fax*
Office of Communication & External Liaison (OCEL)	443-5052	443-7801
Office of Evaluation, Scientific Analysis & Synthesis (OESAS) .	443-6549	480-3144
Office of Managed Care (CSAT-OMC)	443-8796	443-3045
Office of Policy Coordination & Planning (OPCP)	443-5050	480-6077
Division of State and Community Assistance (DSCA)	443-7541	443-8345
Division of Practice and Systems Development (DPSD)	443-6534	443-3543